

LIZ 0000 58881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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JUL 20 2020

AUG 29 2020

S. YOUNG

2020 JUL 20 AM 7:44

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRISBI LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTHONY TOUZARD
Name of Person

Firm/Company

2400 PRAIRIE AVE
Address

MIAMI BEACH, FL 33140
City/State and Zip Code

ANTHONY@TOUZARD.ORG
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY TOUZARD at (305) 490 7117
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GRISBE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2020 JUL 20 AM 7:44

The Articles of Organization for this Limited Liability Company were filed on 05/01/2012 and assigned Florida document number L 12 0000 5881.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

2400 PRAIRIE AVE
MIAMI BEACH, FL 33140

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

2400 PRAIRIE AVE
MIAMI BEACH, FL 33140

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>GABRIELLA BARCSA</u>	<u>2400 PRAIRIE AVE</u> <u>MIAMI BEACH, FL 33140</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGR</u>	<u>ANTHONY TOUZARD</u>	<u>2400 PRAIRIE AVE</u> <u>MIAMI BEACH, FL 33140</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <u>(change address)</u> <input checked="" type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

(This area is crossed out with a diagonal line.)


E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 07.13.20



Signature of a member or authorized representative of a member

ANTHONY TOUZARD

Typed or printed name of signee

Filing Fee: \$25.00

RESOLUTIONS ADOPTED BY LLC MEMBERS OF:

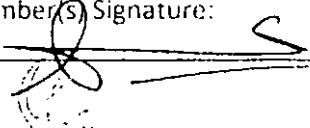
_____ GRISBI LLC _____ LLC

The undersigned, being the member(s) of _____ GRISBI LLC _____
hereby adopt the following resolutions:

1. Resolved,
That Gabriella Barcsa be authorized to serve as Manager.

2. Resolved, that all the acts taken above and resolutions are approved, ratified, and adopted.

Member(s) Signature:



Printed Name:

ANTHONY TUZIA

Date:

07-10-20

