L12 0000 97834

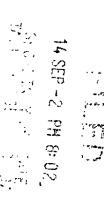
(Requestor's Name)
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COVER LETTER

TO: Registe

Registration Section
Division of Corporations

UPCT: GRAM DEVELOPMENT COMPANY, 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:

JORGE R. GUTIERREZ

Name of Person

GUTIERREZ BERGMAN BOULRIS MENOCAL & GIANESE PLLC

Firm/Company

100 ALMERIA AVE, SUITE 340

Address

CORAL GABLES, FL 33134

City/State and Zip Code

ADMIN@GBBPL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JORGE R. GUTIERREZ

...305、3585100

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRAM DEVELOPMENT COMPANY, LLC

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

(A	i Fiorida Limited Li	ability Company)				
The Articles of Organization for this Limited Liab	oility Company v	vere filed on 07/30/2012	and	l assigi	ned	
Florida document number L12000097834	·					
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of the	he limited <u>liabi</u> l	ity company here:				
						
The new name must be distinguishable and end with the we	ords "Limited Liabil					
Enter new principal offices address, if applicab	1825 PONCE DE LEON BL	.VD, SUI	TE 3	63		
(Principal office address MUST BE A STREET ADDRESS)		CORAL GABLES, FL 33134				
Enter new mailing address, if applicable:		1825 PONCE DE LEON BL	₋VD, SUI	TE 3	63	
(Mailing address MAY BE A POST OFFICE BOX)		CORAL GABLES, FL 33134				
	<u> </u>					
B. If amending the registered agent and/or registered agent and/or the new registered office			er the na	me of	the new	
Name of New Registered Agent:	GBBPL Reg	istered Agents, PLLC	•			
New Registered Office Address: 100 ALMI		IA AVE, SUITE 340	. :	<u>ڼ</u>	75	
-		Enter Florida street address	-	T.	. 1,	
	CORAL GAI	BLES, Florida	33134	<u> </u>	· ·	
		Ciţy	Zip C	ode_		
New Registered Agent's Signature, if changing Re	gistered Agent:					
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this change in the ch	and complete pered agent as pogistered office hange.	performance of my duties, and I a rovided for in Chapter 605, F.S. (m familiar Or, if this a Limited lia	with documability	and ent is	

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		,	☐ Remove
			<u>-</u>
			Remove
			Remove
			Add
			☐ Remove
			□ Add Remove
		- 11	Remove
			
			Add
			Remove

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
The ef the da	etive date, if other than the date of filing:
Dated	AUGUST 26 \ 2014\
	Signature of a member or authorized representative of a prember

Page 3 of 3

Filing Fee: \$25.00