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(City/State/Zip/Phone #)

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(Business Entity Name)

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J. Stivers JUL 08 2014

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GRS CAPITAL GROUP #1, 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:

**GERARDUS R. STEENBERGEN**

Name of Person

**READEN HOLDING CORP.**

Firm/Company

**KORTENHOEFSEDIJK 155**

Address

**KORTENHOEF 1241 LZ, NETHERLANDS**

City/State and Zip Code

**info@readenholdingcorp.com**

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

For further information concerning this matter, please call:

**GERARDUS R. STEENBERGEN** at **+31 35 629 9970**  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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



If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	COLM KING	2295 NW CORP. BLVD.	<input type="checkbox"/> Add
		SUITE 131	<input checked="" type="checkbox"/> Remove
		BOCA RATON, FL 33431	
MGR	READEN HOLDING CORP.	KORTENHOEFSEDIJK 155	<input checked="" type="checkbox"/> Add
		KORTENHOEF 1241 LZ	<input type="checkbox"/> Remove
		NETHERLANDS	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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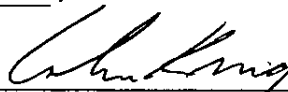
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JUNE 27, 2014



\_\_\_\_\_  
Signature of a member or authorized representative of a member

**COLM KING**

\_\_\_\_\_  
Typed or printed name of signee

16 JUL -7 AM 9:18