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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:	THE GRI	LL DR C Bed Liability Company	SYON DELLE
The enclosed Articles of Art	nendment and fee(s) are subr	nitted for filing.	FLOOR
Please return all correspond	ence concerning this matter t	o the following:	. 3
	L	INDA COLE	ETTI
	THE GA	RILL DR & B	EYOND LLC
	3583	Firm/Company WILES R	D # 301
	COCONU Coconu E-mai address: (to	Address City/State and Zip Code De used for future annual report notification	FLORIDA 33073 amail.com
For further information con	cerning this matter, please ca	ıli:	
Name of P	A COLET	at (154) 235 Area Code & Daytime Te	S - 1776 lephone 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

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE GRIL	LDR	& BEYO	no Ll	C
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	<u>iy as it now appear</u> iability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number		9/29/20	and assig	ned .
This amendment is submitted to amend the following:			HAS	1/4
A. If amending name, enter the new name of the limited liab	COTOR	LLC	7 PK W	<u>0</u>
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Compa	ny," the designation	"lack or the ab	breviation
Enter new principal offices address, if applicable:	358	3 WILE	S ROA	V
(Principal office address MUST BE A STREET ADDRESS)		TONUT (30 RFF14	T T
			330	73
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on o	our records, enter	r the name of	the new
Name of New Registered Agent:				
New Registered Office Address:	Ent	ter Florida street a	ddress	
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = I	R = Manager RM = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			2013 MAR Z3 SECRETARY
-			נום 🖚 סיי
			Remove?
			Add
			Remove
			Add
			Remove
			Kemove
			Add
			Remove

If a _g nend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
 ted	3/5/2013
	Luda Colettic.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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