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## **COVER LETTER**

	tion Section of Corporations	;	• •		
	nd Properties Inte				
SUBJECT:		Name of Limi	ited Liability Company		
The enclosed Arti	cles of Amendmo	ent and fee(s) are sub-	mitted for filing.		
Please return all c	orrespondence co	oncerning this matter	to the following:		
	Louis	Supraski, Esq.			
			Name of Person		
	Louis	A. Supraski, P.A.			
			Firm/Company	<del></del>	
	2450	NE Miami Gardens E	or, 2nd Floor		制治は
	_		Address		記録とす
	North	Miami Beach, Fl, 33	180		TITLE OF THE SERVICE
			City/State and Zip Code	<u>.</u>	FF의 - 1
	Supras	ki@SupraskiLaw.cor			
For further inform	nation concerning	this matter, please ca	to be used for future annual report not all:	mication)	31 PM 4: 12 SSEE, PLORIDA
Louis Supraski			305 792 0060 at ( )		
	Name of Person		Area Code Daytir	me Telephone Number	<del></del>
Enclosed is a che	ck for the followi	ng amount:			
■ \$25.00 Filing		.00 Filing Fee & ertificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing : Certificate of Certified Cop (additional copy	Status &
	MAILING ADE Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grand Properties International, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{04/12/2013}{1}$ \_\_\_\_ and assigned Florida document number L13000054330 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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>	Address	Type of Action		
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Effective date, if other than th	e date of filing:	(optional)	2 2
(If an effective date is listed, the date m	ist be specific and cannot be prior to date of clock does not meet the applicable statu	(optional) filing or more than 90 days after filing.) Pursuant to tory filing requirements, this date will not be	o 605.0207 (3)(b e listed as the
the record specifies a delaye ) The 90th day after the re		ective time, at 12:01 a.m. on the e	arlier of:
Dated <u>5017, 18</u>	2017	M	
	Signature of a member or authorized repr	esentative of a member	_
	A DAM SUPR	ASKI	_

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Filing Fee: \$25.00