

L13000078866

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : TAXLEAF.COM INC  
Account Number : I20140000084  
Phone : (305) 541-3980  
Fax Number : (305) 541-7033

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GRIEG INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED  
15 MAY 19 AM 11:01  
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TALLAHASSEE, FLORIDA

FILED  
15 MAY 19 AM 5:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WAP 5/20/15

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H15000 1211433

GRIEG INVESTMENTS 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 05/31/2013 and assigned  
Florida document number L13000078866.

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 end with 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)

1870 NW 72 WAY

PEMBROKE PINES, FL 33024

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:

ACCOUNTANT & MANAGEMENT INC

New Registered Office Address:

1549 NE 123RD ST

Enter Florida street address

NORTH MIAMI

Florida 33161

City

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.

Changing Registered Agent, Signature of New Registered Agent

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**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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D. If amended; any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 MAY 18 2015

Signature of a member or authorized representative of a member

  
VIVIANE P DE FIGUEIREDO

Typed or printed name of signee

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