#13000079291

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100256605221

02/18/14--01055--004 **375.00

2014 MAR 10 PM 3: 48
SECRETARY OF STATE

K. SALY EXAMINER

MAR 1 1 2014

GRAND BAY 9810, LLC. 10650 NW 29 TERRACE, DORAL, FL, 33172

February 11, 2014

Document Number: L13000079291

Enclosed please find the Articles of Amendment for the above named corporation.

Should you have any questions please contact us at (305) 888-0146 Ext 318

President



February 19, 2014

GRAND BAY 9810, LLC. CARLOS LOPEZ 10650 NW 29 TERR DORAL, FL 33172

SUBJECT: GRAND BAY 9810 LLC Ref. Number: L13000079291

We have received your document for GRAND BAY 9810 LLC and your check(s) totaling \$375.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 614A00003793

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration S Division of Co		
SUBJECT GRA	ND BAY 9810 LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.	
Please return all corresp	ondence concerning this matter to the following:	
	JUAN CARLOS BRICENO	
	Name of Person	
	•	
	Firm/Company	
	10650 NW 29 TERRACE	
	Address	
	DORAL, FL, 33172	
	City/State and Zip Code	
	JCBRICENO@KOVERCO.COM E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	
JUAN CAF	RLOS BRICENO (305) 888-0146	
Name	of Person Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

2014 MAR 10 PM 3: 48

SECRETARY OF STATE
ALLAHASSEE, FLORIO

GRAND BAY 9810 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 L13000079291

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)

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:

New Registered Office Address:

Enter Florida stress 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.

City

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
MGR	BARLUISRI CORPORATION	1ST FL YAMRAJ BLDG PO BOX 875 ROAD TOW	N □ Add
		TORTOLA, BRITISH VIRGIN ISLAN	D ■ Remove
AMBR	CARLOS ALBERTO LOPEZ	10650 NW 29 TERRACE	 - ■ Add
		DORAL, FL, 33172	□ Remove
AMBR	SASHA ANDREINA BOLIVAR	10650 NW 29 TERRACE	 _■ Add
		DORAL, FL, 33172	□ Remove
<u> </u>	 		_□ Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Add
			_□ Remove
			_
			Add
			_□ Remove

	ending any otherinformation, enter change(s) here: (Attach additional sheets, if necessary.)	
	THE % OWNED BY THE MEMBERS IS AS FOLLOWS:	
	BARLUISRI CORPORATION 0 %	
	CARLOS ALBERTO LOPEZ 50%	
	SASHA ANDREINA BOLIVAR 50%	
(The e	ive date, if other than the date of filing:	
(The e	extive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after	
(The e	extive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00