L14000027539

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DIVISION OF COMPONATIONS

OCT 18 2016

COVER LETTER

TO: Registration Sec Division of Corp			
	DS 517 LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	GUILLERMO GALLO		
		Name of Person	
	GREYNOLDS 517 LLC		
		Firm/Company	
	17890 W DIXIE HWY PH	-718	
	, —, —, ,	Address	· ·
	N MIAMI BEACH, FL 33	160	
		City/State and Zip Code	
	PITRIN@AOL.COM		
		to be used for future annual report notif	ication)
For further information co	oncerning this matter, please co	all:	
GUILLERMO GALLO		786 210 3663	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 (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

GREYNOLDS 517 LLC		OCT 17 PH		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record: Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L14000027539 This amendment is submitted to amend the following:	were filed on <u>02/18/14</u>	and assigned 32		
A. If amending name, enter the new name of the limited liab	ility company here:	·		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	18308 NW 68 AVE			
(Principal office address MUST BE A STREET ADDRESS)	UNIT "O"			
	HIALEAH, FL 33015			
Enter new mailing address, if applicable:	18308 NW 68 AVE			
(Mailing address MAY BE A POST OFFICE BOX)	UNIT "O"			
	HIALEAH, FL 33015			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		s, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street addre.	ss		
	, Fl	lorida		
•	Cuy	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.

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
MGR	CECILIA NOEMI GALLO	17890 W DIXIE HWY PH-718	
		N MIAMI BEACH, FL 33160	■ Remove
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ffective date, if other than the date an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Department.	specific and cannot be prior to does not meet the applica	ble statutory filing requi	rements, this date will n	uant to 605.0207 (3 not be listed as th
e record specifies a delayed e The 90th day after the record		an effective time, a	at 12:01 a.m. on th	ne earlier of:
September 29	2016			
ated				
ated	enature of a member or autho	rized representative of a me	ember	

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Filing Fee: \$25.00