

L14000049600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

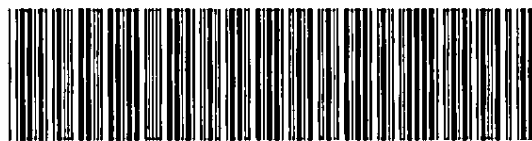
(Business Entity Name)

(Document Number)

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17 AUG 11 PM 12:13
TALLAHASSEE, FLORIDA
STATE

S. WARREN

AUG 17 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2 GRIFO PROPERTIES, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jerome W. Vogel, Jr., Esq
Name of Person

VOGEL LAW
Firm/Company

1526 NE 7th Street
Address

Fort Lauderdale, FL 33304
City/State and Zip Code

jwv@vogellawfl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerome W. Vogel, Jr., Esq 954 703 4426
Name of Person at () Area Code Daytime Telephone 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 (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**

2 Grifo Properties, 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 March 19, 2014 and assigned Florida document number L14000045600.

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 "L.L.C."

Enter new principal offices address, if applicable:

1439 GRAND DRIVE

(Principal office address MUST BE A STREET ADDRESS)

FORT LAUDERDALE, FL 33312

Enter new mailing address, if applicable:

1439 GRAND DRIVE

(Mailing address MAY BE A POST OFFICE BOX)

FORT LAUDERDALE, FL 33312

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 street address

_____, **Florida** _____

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.

If Changing Registered Agent, Signature of New Registered Agent

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STATE OF FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JANPETER VAN DE BUNDT	1439 GRAND DRIVE	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FLORIDA	<input type="checkbox"/> Remove
		33312	<input type="checkbox"/> Change
MGR	ALEXANDER OET	632 SW 8TH TERRACE	<input type="checkbox"/> Add
		FORT LAUDERDALE, FLORIDA	<input checked="" type="checkbox"/> Remove
		33315	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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 COUNTY OF BROWARD

