Florida Department of State Division of Corporations Electronic Eding Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001342143)))



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	Division of Corporations		==:
	Fax Number	: (850)617-6383	
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Phone : (786)899-2235 Fax Number : (305)935-9042

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GRANO DE ORO LLC

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2019년 2월 18월

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	tration Sec on of Corp					
G SUBJECT:	irano de Or	□ LLC				
-		Name of Lim	ited Liability Company			
The enclosed A	cticles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return al	l correspon	dence concerning this matter	to the following:			
		Kenya Rosado				
			Name of Person			
		Leopold Kom, P.A.				
			Firm/Company			
		20801 Biscayne Blvd., Suite 501				
			Addiess			
		Aventura, FL 33180				
			City/State and Zip Code			
-		E-mail address: (to be used for future annual report notific	carion)		
For further info	ormation co	ncerning this matter, please co	all:			
Gary A. Kom,	Esq.		305 935-3500 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a cl	heck for the	following amount:				
■ \$25.00 Fili	ng Fee	S30.00 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

H190001342143

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

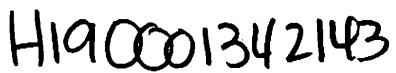
Grano De Oro LLC	•	一等 玉
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)	4 9:5
The Articles of Organization for this Limited Liability Co Florida document number L14000092940	ompany were filed on June 10, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the a	bbraviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		the name of the new
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

Page 1 of 3



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
PRES	Rainer Viete	1111 West Cypress Drive Pompano Beach, FL 35069	D Add
			■ Remove
			Change
MGR	Rainer Viete	1111 West Cypress Drive Pompano Beach, FL 33069	■ Add
			□ Remove
			Change
MGR	Rainer Viete, Jr.	1111 West Cypress Drive Pompano Beach, FL 33069	
		<u> </u>	□ Remove
			Change
			D Add
			☐ Remove
			□ Change
			Remove
			□ Change
			☐ Add
			□ Remove
			Change

Signature of a member or authorized representative of a member

ARY ARY

Typed or printed name of signee

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Filing Fee: \$25.00

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