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## **COVER LETTER**

	ion Section of Corporations		·
SUBJECT:	Grand Loveland Name of Limi	Property LLC ited Liability Company	<del></del> -
The enclosed Artic	les of Amendment and fee(s) are sub	mitted for filing.	
Please return all co	rrespondence concerning this matter	to the following:	
	Bon	nan Najmi Name of Person	
	Nevroo	>z Properties	LLC
	290	McGuinness B Address	Ivd.
		City/State and Zip Code	
	total_cor E-mail address: (1	nst@yanco.com to be used for future annual report noti	fication)
For further informa	ttion concerning this matter, please ca	all:	
Borne	En Najni  Same of Person	at ( <u>718</u> ) <u>383 -</u> Area Code Daytim	6836 e Telephone Number
Enclosed is a check	x for the following amount:		
□ \$25.00 Filing F	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	mpany as it now appears on our records.)
	ited Liability Company)
The Articles of Organization for this Limited Liability Comp	any were filed on 07107 2014 and assigned
Florida document number <u>L14 000 107 017</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	hability company here:
The new name must be distinguishable and contain the words "Limited I.	liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	59 3 71
(Principal office address MUST BE A STREET ADDRESS	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office address	
Name of New Registered Agent:	
New Registered Office Address:	ble:  FFICE BOX)  Int and/or registered office address on our records, enter the name of the new tered office address here:  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 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
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n effecti	ve date is listed, th	e date must be spec in this block doe	ific and cannot b	e prior to date of t applicable statu	iling or more than tory filing requir	90 days after fili	ng.) Pursuant to 6	505,0207 isted as
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Filing Fee: \$25.00