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PILED 2016 MAR 30 PM 1: 55 PALLAHASSET, FLORIS

K.SALY EXAMINER APR -1

COVER LETTER

Division of Cor	porations		
SUBJECT:	THE GRAPE VIA Name of Lim	VE AT RACETRACK ited Liability Company	K, LLC
I'he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	STEVEN	WARM Name of Person	
		Firm Company	
	5700 SW	34 & 57. 4 42 Address	<u> </u>
		VILLE FLORIDA City/State and Zip Code	
	Swe star E-mail address: (ren warm. Com to be used for future annual report notif	Teation)
For further information c	oncerning this matter, please o	ull:	
STEVEN LL	ARM	at (352) 373- Area Code Daytime	8219
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Tallahassec, FL 32314

Registration Section

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

ARTICLES OF AMENDMENT	
TO ARTICLES OF ORGANIZATION	F11 =
, OF	2016 MAD - ED
THE GRAPEVINE AT RACETRACK, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	2016 MAR 30 PM 1:55
The Articles of Organization for this Limited Liability Company were filed on 8/18/2014 and assigned	SSEE FIGURE
Florida document number <u>L14000129067</u> .	**************************************
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:	_
(Principal office address MUST BE A STREET ADDRESS)	_ _
Enter new mailing address, if applicable:	<u> </u>
(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 registered agent and/or the new registered office address here:	: new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Planda street address	
, Florida	
New Registered Agent's Signature, if changing Registered Agent:	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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
 Authorized Member

 Title
 Name
 Address
 Type of Action

 MGR
 LSABA LEDO
 9934 WccDRIDGE CT
 Add

 PORT RICHEY, FL 34668
 Fremove

 □ Change
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2016 MAR.	WED.
MILLANASSE)	30 PM 1:56
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D. If amending any other information, enter	change(s) here: (Attach adainona	i sneets, tj necessary.)	
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E. Effective date, if other than the date of fil (If an effective date is listed, the date must be specific Note: If the date inserted in this block does no document's effective date on the Department of	and cannot be prior to date of filing or more of meet the applicable statutory filing re	(optional) than 90 days after filing.) Pursuant to equirements, this date will not be	605 0207 (3)(b) listed as the
If the record specifies a delayed effective (b) The 90th day after the record is file	e date, but not an effective tim d.	e, at 12:01 a.m. on the ea	riler of:
Dated 3/24/16	MA	_	
Signaturo Signaturo	fulnember or juthorized representative of	a member Fin T	BUN FAMICAS
41 1-70 12-00	2-11-10-C) VE	FF-/ 1	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00