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## **COVER LETTER**

TO: Registration S Division of C				
SUBJECT:	GRANDSONS 6	f investme	ZTU:	LLC
		d Liability Company		
The enclosed Articles of	of Amendment and fee(s) are submi	tted for filing.		
Please return all corresp	pondence concerning this matter to	the following:		,
	Haric	a Hadiga	ì	
		Name of Person		
		Firm/Company	······································	
	<u>10875 SW</u>	69th (	<i>licle</i>	<del></del>
	O calq		416	· ·
	mariamadi	City/State and Zip Code  n and 37 Oic  beying for future annual	oud. Co	m tion)
For further information	concerning this matter, please call:	,		,
Claudia	Gernal	at (_ <b>352</b> )	286-	8453
Name	of Person	Area Code	Daytime To	elephone 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 enc		□ \$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

	NUESTHENTS	LIC	
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on ed Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>LIYOO01Y2 7-13</u>	ny were filed on	9/11/2017 and a	ssigned
This amendment is submitted to amend the following:		•	·
A. If amending name, <u>enter the new name of the limited li</u>			
The new name must be distinguishable and end with the words "Limited I	Ciability Company," the desig	nation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:	\	•	
(Principal office address MUST BE A STREET ADDRESS)		. 7A.S. 1	
	·	E S	**********
Enter new mailing address, if applicable:		AR -9 ETARY HASSE	E B.
(Mailing address MAY BE A POST OFFICE BOX)	<u></u> •	TO T	
		L: <b>57</b> STATE ORIDA	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our	r records, enter the name	e of the nev
	•		
Name of New Registered Agent:		<del>,</del>	<del></del>
New Registered Office Address:	, .		
	Enier Florida si	reet address	· · · · · · · · · · · · · · · · · · ·
		, Florida	
	City	Zip Code	2

### 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

•	authorized Member		
Title	Name	<u>Address</u>	Type of Action
			□ Add
			□ Remove
	·		Add
			☐ Remove
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If amending any o	ther information, en	tér chángé(s) h	ère: (Attach addi	itional sheets, if r	necessary.)	
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ffective date, if o	ther than the date of	filing:		(0	ptional)	
he effective date must he date this document	ther than the date of be specific, cannot be prior is filed by the Florida Dep	r to date of receipt of artment of State)	or filed date and canno	ot be more than 90 da	iys after	
Dated3	-4- 201S	,	·			
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	Signature	of a member or an	ithorized representation Hadiaa		odia G	30.0
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