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COVER LETTER

Division of Corporations	
SUBJECT: GRAYSTAR ENTERPRISES 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:	
DALLAS J. PICCIONE	
Name of Person	
GRAYSTAR ENTERPRISES LLC	
Firm/Company	
Haoz PLAYA COURT	
Address	
ORLANDO, FL 32812 City/State and Zip Code	
•	~~! \>
E-mail address: (lo be used for future annual report notification)	
For further information concerning this matter, please call:	
	755 775 8 16
DALLAS J. PICCIONE at (855) 999-9093 Name of Person Area Code Daytime Telephone Number	TT "
Name of Person Area Code Daytime Telephone Number	PH 1: 48 EFLORIBI
	STATE LORIBA
Enclosed is a check for the following amount:	∑m ∞
(additional copy is enclosed) Certified	e of Status &

MAILING ADDRESS:

TO:

Registration Section

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

GRAYSTAR (Name of the Limited Liability Com) (A Florida Limited	ENTERPRISES LLC pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Companies Florida document number	y were filed on 10 15 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	
The new name must be distinguishable and end with the words "Limited Li-	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4202 PLAYA COURT
(Principal office address MUST BE A STREET ADDRESS)	DRLANDO, FL 32812 Po F
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	H202 PLAYA COURT SEEF OF THE STATE OF THE ST
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the newere:
Name of New Registered Agent:	J. PICCIONE
New Registered Office Address:	PLAYA COURT Enter Florida street address
ORLAN	City , Florida 32812 Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>

I hereby accept the appointment as registered agent and agree to firt 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 padress, I hereby confirm that the limited liability company has been notified in writing of this change.

fiftinging Registered Agent, Signature of New Registered Agent

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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:

MGR = Manager

AMBR = Authorized Member **Type of Action Title** Name <u>Address</u> DAYAS J. GOEREL MCR SOYD SAVANNAH RIVER WAY - Add Remove ORLANDO, FL 32839 MADA PLAYA COURT DALLAS J. PICCIONE MLR **DRLANDO, FL 32812** □ Remove ☐ Add □ Remove □ Add ☐ Remove ☐ Add _□ Remove

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ne effective date ne date this docu	must be specific, cannot ment is filed by the Flori	be prior to date of receipt or filed date a ida Department of State)	nd cannot be more than 90 days after	

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