Florida Department of State

Division of Corporations Electronic Filing 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.

(((H14000258147 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SUPERBIZ.COM, INC.

Account Number : I20070000160

Phone : (800)494-3124

Fax Number

: (305)675-2811

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GRANDEXPORT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

T. Bursh (10) (11) 5.2011)

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H14000258147 3

GRANDEXPORT LLC				
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
The Articles of Organization for this Limited Liability Company were filed on OCTOBER 22, 2014 and assigned Florida document numberL14000164759				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
EDGAR WALTER SAM KATZ LLC				
The new name must be distinguishable and end with 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)				
∑ce →				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
mc 7				
B. If amending the registered agent and/or registered office address on our records, enter Hie name of the new				
registered agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
Enter Plorida 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.				

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

H14000258147 3

Title Name	Address Type of Add Remo Add Remo Add Remo Add Remo Add Add Add Add Add Add Add A	ve
	Remo Add Remo TALLAHASSS	ve
	TALLAHASSE	ve
	TALLAHASSE	
	TALLAHASSE	
	14 NO 22-5 SECRETARY TALLAHASSE	
	CAFIARY LAHASSE	·Ling
	SE - 5	Auto 746 R
	Trical Remov	
	0707 0707 0 Add	
	□ Remov	e
	Remove	e
	D Add	

	H1400	10258	1147	3
		<u> </u>		
(The offecti	e date, if other than the date of filing: (optional) ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)	—		
Dated	NOVEMBER 05 2014			
	Signature of a member or authorized representative of a member		_	
	VIVIEN KALVARIA Typed or printed name of signee			
	i yped or printed name of signee	SECRETAR!	14 NOA -2	Faceton Property
		OF STATE	PH 125	

Page 3 of 3