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TALLAHASSEE

HAR 16 2016,)_BRUCE

COVER LETTER

TO: Registration Se Division of Cor		
Grantham P	roperties LLC	
John T.	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ndence concerning this matter to the following:	
	John-Michael Ari Moreno	
	Name of Person	
	Grantham Properties LLC	
	Firm/Company	
	960 SW 74th Terrace	•
	Address	
	Plantation, FI 33317	
	City/State and Zip Code	
	Jmmp12@gmail.com E-mail address: (to be used for future annual repo	of positionium)
For further information of	oncerning this matter, please call:	
Lexi Preisser	954438	34437 SSE
Name o	f Person Area Code D	Daytime Telephone Number
Enclosed is a check for the	ne following amount:	9:56 ORIDA
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

Grantiam Properties LLC	
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability 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:	
(Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office address h	office address on our records, enter the name of the nevere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address. Florida
New Designand Aponto Signature 18 about a Designal Access	City Stip Code
New Registered Agent's Signature, if changing Registered Ager	
provisions of all statutes relative to the proper and comple	gree to act in this capacity. I further aggee to comply with the te performance of my duties, and I antifamiliar with and s provided for in Chapter 605, F.S. Of, if this Document is
2 2	
n Ci	nanging Registered Agent, Signature of New Registered Agent

· 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 **Type of Action** Title <u>Name</u> **Address** Alexis Terrell AMBR 960 SW 74th Terrace _ Add Plantation, Fl 33317 Remove _□ Change ☐ Add ☐ Remove ☐ Change _□ Add ☐ Remove □ Change □ Add □ Thange Remove ☐ Change

□ Remove

☐ Change

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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or a e: If the date inserted in this block does not meet the applicable statutory filing	more than 90 days after filing.) Puril uant to 605.0 ng requirements, this date will not be listed
ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective	time, at 12:01 a.m. on the earlie
he 90th day after the record is filed.	
March 9, 2015 ,,	
ed,	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00