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## **COVER LETTER**

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|--|--|---|------------------------|--|
| SUBJECT  |  | estment LLC                               |                        |  |
| SOBJECT  | •  | Name of Lim                               | ited Liability Company |  |
| The enclos   | sed Articles of  | Amendment and fee(s) are sub              | mitted for filing.     |  |
| Please retu  | ırn all correspoi  | ndence concerning this matter             | to the following:      |  |
|  |  | George H. Knott, Esq.                     |                        |  |
|  | GRKW Investment LLC    Same of Limited Liability Company   |   |                        |  |
|  |  | Knott Ebelini Hart                        |                        |  |
|  |  |   | Firm/Company           |  |
|  |  | 1625 Hendry Street, Suite                 | 301                    | Code Innual report notification)  334-2722 |
|  |  |   | Address                |  |
|  |  | Fort Myers, FL 33901                      |                        |  |
|  | Address  Fort Myers, FL 33901  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  Their information concerning this matter, please call:  ge H. Knott, Esq.  239  Name of Person  Address  Fort Myers of E-mail address: (to be used for future annual report notification)  Their information concerning this matter, please call:  ge H. Knott, Esq.  Name of Person  Area Code  Daytime Telephone Number  Seed is a check for the following amount:  25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclused)  Certified Copy (cadditional copy is enclused) | <del></del>                               |                        |  |
| For further information concerning to  George H. Knott, Esq.  Name of Person  Enclosed is a check for the following  \$25.00 Filing Fee \$30.0 | E-mail address: (  | to be used for future annual report notif | ication)               |  |
| For further  | information co   | oncerning this matter, please ca          | all:                   |  |
| George H   | . Knott, Esq.  |   | at ( )                 |  |
|  | Name of  | Person                                    | Area Code Daytime      | Telephone Number                           |
| Enclosed i   | s a check for th   | e following amount:                       |                        |  |
| \$25.00  | ) Filing Fee   |   | Certified Copy         | Certificate of Status &                    |

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

| GRK   | W Investment LLC  |                       |           |
|---|---|-----------------------|-----------|
| ( <u>Name of the Limited Liability C</u><br>(A Florida Lin          | ompany as it now appears on our records.)<br>nited Liability Company) | <del>.</del>          |           |
| The Articles of Organization for this Limited Liability Com         | pany were filed on April 22, 2015                                     | and as                | ssigned   |
| Florida document number L15000070580                                |   |                       |           |
| 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" o                           | r the abbreviation "l | "IC."     |
| Enter new principal offices address, if applicable:                 |   |                       |           |
| (Principal office address MUST BE A STREET ADDRES                   | <u>s)</u>   |                       |           |
|   |   |                       |           |
|   |   |                       |           |
| Enter new mailing address, if applicable:                           |   |                       |           |
| (Mailing address MAY BE A POST OFFICE BOX)                          |   |                       |           |
|   | •   |                       |           |
| B. If amending the registered agent and/or registered               | ed office address on our records                                      |                       | of the se |
| registered agent and/or the new registered office address           |   | enter the name        | of the ne |
|   |   |                       |           |
| Name of New Registered Agent:                                       |   |                       |           |
| New Registered Office Address:                                      | · · · · · · · · · · · · · · · · · · ·                                 |                       | Zing      |
| New Registered Office Address.                                      | Enter Florida street address  | 67 E. CO              |           |
|   | , Flori   | da EE                 |           |
|   | City  | Zin 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.

If Changing 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

| <u>Title</u> | <u>Name</u>  | Address                          | Type of Action |
|--------------|--------------|----------------------------------|----------------|
| MBR          | John Gooding | 4061 Bonita Beach Road, Ste. 203 |                |
|              |              | Bonita Springs, FL 34134         | ■ Remove       |
|              |              |                                  | Change         |
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| Effective date, if other than the date of filing:  [Coptional]  [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02  Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The effective date is a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier the 90th day after the record is filed.   |  |                   |
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| n effective date is listed, the date must be specific and cannot be prior to date of fili<br>ste: If the date inserted in this block does not meet the applicable statutor   | ing or more than 90 days after filing.) Pursuant to 605.02 | 107 (3)<br>as the |
| record specifies a delayed effective date, but not an effective date date date date date date date dat  | ctive time, at 12:01 a.m. on the earlier                   | of:               |
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