45000078882

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600288909646

08/12/16--01006--009 **25.00

TORETARY OF STATE

S Warren

AUG 1 5 2016

COVER LETTER

	gistration Section of Corp		•	
SUBJECT:	Grand bay &	Katty L.L.C.		
Name of Limited Liability Company				······································
The enclosed	d Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		Boris Duran		
			Name of Person	
			Firm/Company	
		10010 NW 86th Terrace		
			Address	
		Doral, Fl. 33178		· · · · · · · · · · · · · · · · · · ·
			City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notification	ation)
For further in	nformation cor	ncerning this matter, please ca	ill:	
Boris Duran			305 890-7986 at ()	
	Name of I	Person	Area Code Daytime T	elephone Number
Enclosed is a	a check for the	following amount:		
■ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L15000078882	were filed on 05/05/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		The page 1
(Principal office address MUST BE A STREET ADDRESS)		32 m
		\$2 N
		THE O
Enter new mailing address if applicables		STA STA
.		□ 52
Mauing address MAY BE A POST OFFICE BOX		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		P: 52 STATE LORIDA
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	2	
	. Flori	da

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>	<u>Address</u>	Type of Action
AMBR	MARILU UZCATEGUI GUTIERF	10010 NW 86th Terrace, Doral, Fl.	Add
			■ Remove
			Change
AMBR	ADHARA DURAN	10010 NW 86th Terrace, Doral, Fl.	∃ Add
			□ Remove
		***************************************	Change
			Add
			Remove
			Change
			
			Remove
			Change
-			□ Add
		7 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	n k i 1 □ Remove
			Change
		SSEE FLORIDA.	N D Add
			Remove
			☐ Change

· · ·			
•	1		
	,		
		-	
		, <u></u>	
n rest.	See Jac If ashoushow the date of filings	'ontional)	
E, Effer	five date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day	s after filing.) Pursuant to 605.	.0207 (3)(b)
Note	: If the date inserted in this block does not meet the applicable stanuory filing requirement ment's effective date on the Department of State's records.	s, this date will not be liste	ed as the
GOÇI	ment's circulate date on the Department of State a records.		
	to the state of th		e.
If the r	ecord specifies a delayed effective date, but not an effective time, at 12: see 90th day after the record is filed.	or the earne	er or:
(5)	se your day dital and record to these	÷	
*	d AUGUST 10 2016, h		
Date			
	- (1) / wa- 1		
	Signature of a member of authorized representative of a member		
	0.01/2.001	~ "	
	BORIS DURAN	23	
	Typed or printed name of signee	三面 5	
		TAIL OF	
	Page 3 of 3	元 m	
	Filing Fee: \$25.00		
	rang rec. 545.00	1.15 1.25 1.25 1.25	