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.

(((H21000402609 3)))



H210004026093ABCY

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JORLUI SERVICE LLC

Account Number : 120200000200 Phone : (786)499-0051 Fax Number : (786)542-0922

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

servicedory@gmail.com Email Address:\_\_\_

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE GRAND 2647 LLC

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Yallahassee, FL 32314

TO:

#### **COVER LETTER**

7865420922

(H21000402609)

THE GRAND 2647 LLC  SUBJECT:  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:					
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:					
7.140.50 . 4 . 4 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1					
CARLOS FULLONE					
Name of Person					
Firm/Company					
7815 SW 24 ST STE 107	Name of Limited Liability Company    Articles of Amendment and fee(s) are submitted for filing.   All correspondence concerning this matter to the following:    CARLOS FULLONE				
Address					
MIAMI, FJ. 33155					
·					
<u> </u>					
For further information concerning this matter, please call:					
Enclosed is a check for the following amount:					
Certificate of Status Cortified Copy Certificate of Certificate of Certificate of Certified Copy (additional copy is enclosed) Certified Co	of Status & Ppy				
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

N/A

## ARTICLES OF AMENDMENT (H21000402609) TO ARTICLES OF ORGANIZATION OF THE GRAND 2647 LLC (Name of the Limited Liability Company as It now appears on our records.) (A Florida Limited Liability Company) 6/10/2015 The Articles of Organization for this Limited Liability Company were filed on \_ L15000100961 Florida document number \_ This amendment is submitted to amend the following: A. If amending name, cuter 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" or the abbreviation "L.L.C." 7815 SW 24 ST STE 107 Enter new principal offices address, if applicable: MIAMI, FL 33155 (Principal office address MUST BE A STREET ADDRESS) 7815 SW 24 ST STE 107 Enter new mailing address, if applicable: MIAMI, FL 33155 (Mailing uddress MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	CARLOS FULLONE		
Naw Panistered Office Address:	7815 SW 24 ST STE 107		
New Registered Office Address:	Enter Florid	ia street address	
	MIAMI	. Florida 33155	
	Cin	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.

If Changing Registered Agent, Signature of New Registered Agent

Page:4/5 To:8506176383

# If amending Authorized Person(s) authorized to manage, enter the lifte, name, and address of each person being added or removed from our records: (H21000402609)

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	CARLOS FULLONE	13611 \$ DEXIE HWY	□Add
		109-412	■Remove
		MIAMI, FL 33176	Change
MGR	CAROLINA GODIO	13611 S DIXIE HWY	□Add
		109-412	■Remove
		MIAMI, FL 33176	□ Change
MGR	CARLOS FULLONE	7815 SW 24 ST STE 107	<b>=</b> Add
		MIAM1, FL 33155	□Remove
			_
MGR	CAROLINA GODIO	7815 SW 24 ST STE 107	≅Add
		MIAMI, FL 33155	□ Remove
			□ Change
			□Add
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record specifics.	fies a delayed effe	etive date, but n	ot an effective tim	ie, at 12:01 a.m. o	n the earlier of: (	b) The 90th (	day after the
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eated		Signature of	a member or author	, /100 /	oxa member	· -	ZUZI NOV -3 AM SLUKE JARY UF I TALLAHASSEE F

Filing Fee: \$25.00