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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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2015 SEP 30 PH 1: 44
SECRETARY OF STATE

OCT O 2 2015 J. HARRIS

COVER LETTER

	ation Section of Corpore											
SUBJECT:	GREY	STREET	PROPER	TIES	LLC							
		N	lame of Lim	ited Liab	ility Compan	У						
The enclosed Art	icles of Ame	endment and fee	(s) are sub	mitted fo	or filing.							
Please return all	corresponder	nce concerning	this matter	to the fo	llowing:							
	_		JAA		MCCOWAN							
				Na	ame of Person	n						
	_		GREY S		Moft LT		L					
				r	ппи-сопірану	Y						
	_	123	302	STONE	LAKE	PAN	CH	BLVD				
					Address							
	_		THONO	to sas	SA, FL tate and Zip (2	335	92	<u></u>			
				-	·							
	_	E-ma	JARED il address: (MCCOV to be used	I for future at	nnual i	AIL.	Com notification	on)			
For further inforr	nation conce											
	TARED	MCCOWAN			n (317		60	0-722	0			
	Name of Per	son			Area Code	;	Da	ytime Tele	ephone	Number		
Enclosed is a che	ck for the fo	llowing amount										
☑ \$25.00 Filing	g Fee 🗆	1 \$30.00 Filing Certificate o		C	5.00 Filing Certified Copudditional copy	ру			C	ertificat ertified	ing Fee, e of Stat Copy copy is end	tus &

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

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia	STREET PROPERTIES LLC ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	by Company were filed on July 23, 2015 and assigned 20
This amendment is submitted to amend the following	<u>;</u>
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" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
<u>(Principal office address MUST BE A STREET AL</u>	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, <u>enter the name of the new</u> address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Regist	ered 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	WILLIAM DONOVAN	4940 93RD AUE N.	
		PINELLAS PARK, FL 33592	US Remove
			Change
AMBR	REBECCA BARTLE	9155 SARGENT MANOR CT.	& Add
		INDIANAPOLIS, IN 46256	US □ Remove
			☐ Change
			Add
			□ Remove
		AL-FERRED FOR THE SECOND SECON	Change
			□ Add
			Remove
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(If an eff Note:	ve date, if other than the date of filing:	filing.) Pursuant to 605.0207 (3)(b)
	ord specifies a delayed effective date, but not an effective time, at 12:01 a 90th day after the record is filed.	.m. on the earlier of:
Dated	SEPTEMBER 26, 2015	2015 1211
	20 mc/	SE SE
	dignature of a member or authorized representative of a member	SSE SO
	· 	E P
	TARED MCCOWAN Typed or printed name of signee	223
	21 or 10 femme 2000	74. 14.

Page 3 of 3

Filing Fee: \$25.00