

LS 000 136799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900280123359

12/17/15--01027--012 **25.00

FILED
15 DEC 17 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 17 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAX REINV2 LLC
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:

ICEREN ADMONI ESQ
Name of Person

ICEREN SAPAN P.A.
Firm/Company

8043 TWIN LAKE DRIVE
Address

BOCA RATON, FL 33496
City/State and Zip Code

ICEREN@KSAPANLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ICEREN ADMONI at (561) 542-6725
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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

JAX REINV2 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/10/2015 and assigned Florida document number L15000136399

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GRAND INVESTMENTS DETAILLE DR, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

15720 VENTURA BLVD.
SUITE 302
ENCINO, CA 91436

Enter new mailing address, if applicable:

(Mailing address 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:

New Registered Office Address:

Enter Florida street address

Florida

City

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 DEC 17 PM 1:37
FILED

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 relating 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>	<u>Type of Action</u>
MGR	YARIV GOLAN	6950 PHILIPS HWY	☐ Add
		SUITE 27, JACKSONVILLE FL 32216	☒ Remove
			☐ Change
AMBR	JULIE S. GRAND	15720 VENTURA BLVD.	☒ Add
		SUITE 302, ENCINO, CA 91436	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

15 DEC 17 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 1, 2015

Signature of a member or authorized representative of a member

1/EREN Admoni ESA
Typed or printed name of signee

Typed or printed name of signee