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COVER LETTER

	•	COVER LETTER	
TO: Registration Se Division of Cor			
SUBJECT:	ne Grand Ro	& LLC	
Sobject:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Adrian E	Name of Person	
	Garcia - Meno	al 10113 & Pas Firm/Company	tori LP
	40 SW 13 S	meet # 902	
	, ,	Address	
	Miami Fr	33130	
	- 1	City/State and Zip Code	
• -	E-mail address: (23130 City/State and Zip Code Milaw. Lom to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca		
Adrian E. I.	ius	at (305) 400	9652
Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for the	ne 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

	grand L	Lock, U	<u> </u>			
(<u>Name of the Limite</u> (<u>d Liability Compa</u> ∧ Florida Limited l	<u>ny as it now appea</u> Liability Company)	ars on our records.)			
The Articles of Organization for this Limited Lia Clorida document number LISO00155		were filed on _	9/11/15	.	and assi	gned
nis amendment is submitted to amend the follo	wing:					
. If amending name, enter the new name of	the limited liab	ility company h	<u>iere</u> :			
				••		
ne new name must be distinguishable and contain the wo	ords "Limited Liabil	lity Company," the	designation "LLC" or	the abbrevi	ati on; "L.l	C."
nter new principal offices address, if applica	ble:		· · · · · · · · · · · · · · · · · · ·	35 T	100	1 ()
rincipal office address MUST BE A STREET	(ADDRESS)			- 12.4 - 12.4 - 12.4	<u> </u>	<u> </u>
					ָ	
				PRATI PRATI	 : 0	
nter new mailing address, if applicable:				X	=	
<u> 1ailing address MAY BE A POST OFFICE B</u>	BOX)		· · · · · · · · · · · · · · · · · · ·			***
. If amending the registered agent and/o egistered agent and/or the new registered off			n our records, <u>e</u>	nter the	name (of the n
Name of New Registered Agent:				.		
New Registered Office Address:	40 SW	13 Stree	# 4902 orida street address			
	Miami		, Florid		3130)
		City		Z	ip 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

MGR = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MYR	Adrian E. Irias	40 SW 13 Street #902	j≭ Add
		Miami FL 33/30	Remove
			Change
MGR Pres	Aleyandro Palazuelos Plata	1717 N Bayshore Drive # 14:	35 🗆 Add
		Mignii, FL 33132	Remove
			Change
Mgr Vicelra	Lourdes & Wreight Santis	1717 N Bayshore drive #1435	□ Add
		Migni, FL 33132	CX Remove
			Change
			□ Add
			Remove
		-	Change
			□ Add
			Remove
			Change
		NSSEC.	Add M
		FLORDE	Remove
			□ Change

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

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		he date of filin				(optional)	
				o date of filing or noble statutory filir			
cument's effe	ctive date on the	Department of	State's records.				
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		ecord is filed		an effective	ume, at 12	:01 a.m. on	the earner
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ted Dece	unbor	27	, 2016	//	7		
				2/1/			sandand.
		Signature of a	member or autho	fized representative	e of a member		11
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Filing Fee: \$25.00