

L15000/57243

(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



900283790649

03/28/16--01030--015 **60.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

2016 MAR 28 PM 1:23

FILED

K. SALY
EXAMINER
MAR 30

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Greyson Gross Capital Partners, 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:

David Gross

Name of Person

The Confluent Group

Firm/Company

306 San Vicente Boulevard Apt #5

Address

Santa Monica, CA 90402

City/State and Zip Code

david@theconfluentgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Gross

917 209-4800
at ()

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

FILED
2016 MAR 28 PM 1:23
CLERK OF DISTRICT COURT
DISTRICT OF COLUMBIA
RECEIVED

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

Page 1 of 3

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>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ 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.)

The AUTHORIZED PERSON (David Gross) has remained the same, but his contact address has changed to :

306 San Vicente Boulevard Apt #5

Santa Monica, CA 90402

FILED
2016 MAR 28 AM 1:23
RECEIVED
CLERK OF SUPERIOR COURT
SANTA MONICA, CALIF.

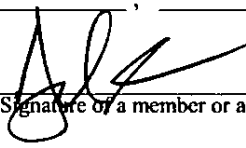
E. Effective date, if other than the date of filing: _____ (optional)

(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 March 22, 2016



Signature of a member or authorized representative of a member

David Gross

Typed or printed name of signee