

L15000162079

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H21000402632 3)))



H210004026323ABCU.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JORLUI SERVICE LLC
Account Number : I2020000200
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.****

Email Address: servicedory@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE GRAND LETO LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2021 NOV -3 AM 10:07

ALL AMAS JEE (C) 07

FILED
2021 NOV -3 PM 1:04
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

(H21000402632)

**TO: Registration Section
Division of Corporations****SUBJECT: THE GRAND LETO 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:

CARLOS J FULLONE

Name of Person

Firm/Company

7815 SW 24 ST STE 107

Address

MIAMI, FL 33155

City/State and Zip Code

servicedory@gmail.com

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

For further information concerning this matter, please call:

CARLOS J FULLONE

786 542 - 0922

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 Address:**Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(H21000402632)

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THE GRAND LETO 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 9/23/2015 and assigned
Florida document number L15000162079.

This amendment is submitted to amend the following:

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

N/A

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:

7815 SW 24 ST STE 107

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33155

Enter new mailing address, if applicable:

7815 SW 24 ST STE 107

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33155

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

New Registered Office Address:

7815 SW 24 ST STE 107

Enter Florida street address

MIAMI

Florida

City

33155

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

(H21000402632)

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (H21000402632)

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CARLOS J FULLONE	13611 S DIXIE HWY	<input type="checkbox"/> Add
		109-412	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33176	<input type="checkbox"/> Change
MGR	LEANDRO FULLONE	13611 S DIXIE HWY	<input type="checkbox"/> Add
		109-412	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33176	<input type="checkbox"/> Change
MGR	CARLOS J FULLONE	7815 SW 24 ST STE 107	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33155	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LEANDRO FULLONE	7815 SW 24 ST STE 107	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33155	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

(H21000402632)

(H21000402632)

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

[illegible]

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

10 / 29

2021-

Signature of a member or authorized representative of a member

CARLOS J FULLONE -MGR

Typed or printed name of signer

FILED
2020 NOV - 3 PM 1:04
90th day after the
State of Florida
Clerk of the Court
JAMES H. HARRIS, CLERK
JAMES H. HARRIS, CLERK

(H21000402632)

Filing Fee: \$25.00