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(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Cit	ry/State/Zip/Phon	e #)
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MAR 21 2017 S. YOUNG

SECRETARY OF STATES

COVER LETTER

TO: Registration Sec Division of Corp			养 "	
SUBJECT:		orand Masters ited Liability Company	CC	
The enclosed Articles of A	Amendment and fee(s) are sub	emitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Ter	PS 9 Tran Name of Person		
		Firm/Company		
	9430	Walnut Crest Address	Drive	
	Orla	Address	32832	T Mar 20 PH 12: 19
	KN170 T	City/State and Zip Code Pel @ Sush. eaf to be used for future annual report noti	ortetion, com	SEE PH 12: 19
For further information co	ncerning this matter, please co	•	incation)	9
(eves 9	Tran	at (at (·- 6941	
Name of	Person	Area Code Daytime	e 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 Statu Certified Copy (additional copy is encl	

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

Sus	Hi Grand	Master	LLC
(Name of the Limite	ed Liability Company as it no (A Florida Limited Liability Co		
The Articles of Organization for this Limited Lie Florida document number	ability Company were file 24181		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of The new name must be distinguishable and contain the wo	Grandma	stors	LC" or the abbreviation "L'L.C."
Enter new principal offices address, if applica			3
(Principal office address MUST BE A STREET	ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	 		P. 12: 19
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered office add ice address here:	ress on our recor	ds, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	E	nter Florida street addr	ess
		, F	Clorida
	City		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

If amending	g Authorized Person(s) authorized to n from our records:	nanage, <u>enter the title, name, and</u>	address of each person being added
MGR = M AMBR = A	Ianager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			☐ Remove
			Change
			□ Add
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			□ Add
			□ Change: 7.9.
			Add
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ffective date, if	other than the date of	filing:		(optional)	
lote: If the date i	listed, the date must be spec nserted in this block does we date on the Departme	s not meet the applicabl	date of filing or more than e statutory filing requir	90 days after filing.) Pursua ements, this date will no	int to 605,0207 () it be listed as th
e record speci The 90th day	fies a delayed effect after the record is f	tive date, but not a filed.	in effective time, a	t 12:01 a.m. on the	e earlier of:
ated <u>Ma</u>	rch 14	2017/			
		/L			

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Typed or printed name of signee

Filing Fee: \$25.00