L16000 029 275

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COVER LETTER

то:	Registration Sec Division of Corp			
		e Acquisitions Group LLC		
SUBJE	ψ1:	Name of Limi	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		Steve R. Compere		
			Name of Person	
			Firm/Company	
		2186 Willoughby S	Street	
			Address	
		Port Charlotte, FL	33980	
		soomporo10@am	City/State and Zip Code	
		scompere10@gma E-mail address: ()	an.com to be used for future annual report notif	ication)
For furtl	her information co	ncerning this matter, please ca	all:	
Steve C	Compere		347 813-8290 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for the	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Compere Acquisitions Group LLC

2019 STD -9 AM 11: 28

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

	(A Florida Lim	nted Liability Company)		
The Articles of Organization for this Limited L Florida document number <u>L16000029275</u>	iability Comp	pany were filed on <u>02/1</u>	11/2016	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited	liability company her	<u>·e</u> :	
Greystone Equity Partners LLC				
The new name must be distinguishable and contain the	words "Limited	Liability Company," the de	signation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STREE	ET ADDRES:	<u></u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	N/A 		
B. If amending the registered agent and registered agent and/or the new registered of	• •		our records, enter	the name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
-		Enter Florid	da street address	
	N/A		, Florida	Zip Code
		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 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>	Address	Type of Action
			☐ Remove
			Change
			
			□ Remove
			☐ Change
			Add
			Remove
			Change
			☐ Remove
			Change
			☐ Remove
			□ Change
			Add
			□ Remove
			□ Changa

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)
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
Signature of a member or authorized representative of a member
Steve Compere

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Typed or printed name of signee

Filing Fee: \$25.00