

Division of Corporations

# Florida Department of State

Division of Corporations

## Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067

Phone : (407)370-3686

Fax Number : (407)370-3120

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

#### GR3 INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 21 2016

S. YOUNG

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Corporate Filing Menu

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## COVER LETTER

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT: GR3 INVESTMENTS 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:

CAROLINE LARSON

\_\_\_\_\_  
Name of Person

Larson Accounting & Consulting Services LLC

\_\_\_\_\_  
Firm/Company

7901 Kingspointe Parkway, suite 17

\_\_\_\_\_  
Address

Orlando - FL 32819

\_\_\_\_\_  
City/State and Zip Code

private@larsonacc.com

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301  
16 OCT 20 PM 12:23

For further information concerning this matter, please call:

Caroline Larson \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

GR3 INVESTMENTS 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 10/17/2016 and assigned  
Florida document number L16000191339.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

From Larson Accounting 1.321.888.4919 Thu Oct 20 10:23:04 2016 MDT Page 4 of 5  
 An accounting 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>
AMBR	CAROLINE LARSON	AV BRASIL 1713	<input type="checkbox"/> Add
		AMERICANA - SAO PAULO	<input checked="" type="checkbox"/> Remove
		13468-000 BRAZIL	<input type="checkbox"/> Change
AMBR	RENATO VALDRIGHI	AV BRASIL 1713	<input checked="" type="checkbox"/> Add
		AMERICANA - SAO PAULO	<input type="checkbox"/> Remove
		13468-000 BR	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 SECRETARY OF STATE  
 WILLIAMSON, FLORIDA  
 15 OCT 20 11:23

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SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
16 OCT 20 PM 12:23

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Dated OCTOBER 20, 2016

Carabasa

Signature of a member or authorized representative of a member

CAROLINE LARSON

Typed or printed name of signee