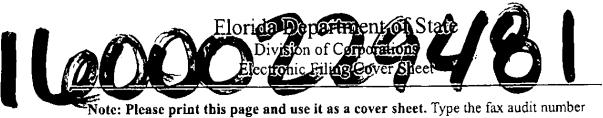
Division of Corporations



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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: ROBERT GRAHAM CPA, LLC Account Name

Account Number : 120070000089 Phone

: (813)260-4103

Fax Number

: (813)830-7415

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GRAYSTONE REAL ESTATE, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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October 20, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

GRAYSTONE REAL ESTATE, LLC 4511 NORTH HIMES AVENUE SUITE 200 TAMPA, FL 33614US

SUBJECT: GRAYSTONE REAL ESTATE, LLC

REF: L16000229481

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White FAX Aud. #: H20000361496

Regulatory Specialist II Supervisor Letter Number: 220A00020718

10/29/2020

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COVER LETTER

TO: Registration Division of C			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Jorge Vazquez		
		Name of Person	
	Graystone Real Estate LL	2	
	Name of Limited Liability Company sicles of Amendment and fee(s) are submitted for filling. correspondence concerning this matter to the following: Jorge Vazquez Name of Person Graystone Real Estate LLC Firm/Company 3001 N. ROCKY POINT DR E. Suite 200 Address Tampa, Fl. 33627 City/State and 2 ip Code jorge@graystoneig.com E-mail address: (to be used for future annual report notification) matter oncerning this matter, please call: 813 679-6177 at (
	3001 N. ROCKY POINT	DR E. Suite 200	
		Address	
	Tampa, FL 33627		
		City/State and Zip Code	

For further informatio			Sunce (Mar)
Jorge Vazquez	•	813 679-6177	
Nam	e of Person	Area Code Days	ime Telephone Number
Enclosed is a check fo	r the following amount:		
₩ \$25.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy
Mailing Add		Street Address:	
Registratio		Registration S Division of C	
P.O. Box 6	f Corporations 327	The Centre of	Tallahassee
	e, FL 32314	2415 N. Mon	rue Street, Suite 810

Tallahassee, FL 32303

Mail - Robert Graham - Outlook (((H20000375893 3)))

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

GRAYSTONE REAL ESTATE, LLC (Name of the Limited Liability (A Florida Liability)	Company as it now appears on our imited Liability Company)	records.)				
The Articles of Organization for this Limited Liability Cor Florida document number L16000229481	npany were filed on 12/20/2016	and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limits	d liability company here:					
The new name must be distinguishable and contain the words "Limite	d Liability Company." the designation	"LL(" or the abbreviation "L.				
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRE	20					
		2 9				
		28年 1				
Enter new mailing address, if applicable:		<u> </u>				
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>				
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	ffice address on our records, g	enter the name of the new registered				
Hatte of the w registered opens.	· · · · · · · · · · · · · · · · · · ·					
New Registered Office Address:	Enter Florida street	address				
	, Florida					
	Ciņ:	Zip Code				
New Registered Agent's Signature, if changing Registered	<u>Vent:</u>					
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	aplete performance of my duti- nt as provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is				
	If Changing Registered Agent, Signs	nture of New Regintered Agent				

10/29/2020

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(((H20000375893 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

Title	Name	Address	Type of Action
Broker	Hendricks, Raymond Antonio	3001 N. ROCKY POINT DR E, Suite 200	□ Add
		Tampa, FL 33607	≅Remove
			□Change
			C] Add
	•		□Remove
			2025gc
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			Provide D
		:	— □ Change
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10/29/2020

Mail - Robert Graham - Outlook

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Effective date, if other than the lifan effective date is listed, the date in Note: If the date inserted in this I document's effective date on the l	ist be specific an lock does not	id cannot be pr meet the app	ior to date of	filing or more story filing re	than 90 days after	ional) er filing.) Pu is date will	suant to 605.0 not he listed	/207 (3 x) I as the	b)
e record specifies a delayed effecti d is filed.	ve date, but no	it an effective	: time, at 12	:01 a.m. on t	he earlier of: (b) The 90	th day after i	he	
		2020	·						
Dated		//							
Dated October 8	Signard &		20	7					

Filing Fee: \$25.00