# 17000021397

| (Requestor's Name)                      |  |  |
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| (Address)                               |  |  |
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| PICK-UP WAIT MAIL                       |  |  |
| (Business Entity Name)                  |  |  |
| (Document Number)                       |  |  |
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SECRETARY OF STATE

K. SALY FEB - 7 2017

# **CORPORATE** ACCESS,

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236 East 6th Avenue. Tallahassee, Florida 32303

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| •      | WALK IN   |  |
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| 区      | РНОТОСОРУ   |  |
|        | CUS   |  |
| X      | FILING Amend  |  |
| 1.     | FILING Amend  2024 RID Grande, LLC  (CORPORATE NAME AND DOCUMENT #) |  |
| 2.     | (CORPORATE NAME AND DOCUMENT #)                                     |  |
| 3.     | (CORPORATE NAME AND DOCUMENT #)                                     |  |
| 4.     | (CORPORATE NAME AND DOCUMENT #)                                     |  |
| 5.     | (CORPORATE NAME AND DOCUMENT #)                                     |  |
| 6.     | (CORPORATE NAME AND DOCUMENT #)                                     |  |
| SPECIA | AL INSTRUCTIONS:  |  |

## **COVER LETTER**

|                      | tion Section<br>of Corporations  |
|----------------------|--|
|                      | FRIO GRANDE, LLC   |
| SUBJECT:             | Name of Limited Liability Company  |
| The enclosed Artic   | cles of Amendment and fee(s) are submitted for filing.   |
| Please return all co | orrespondence concerning this matter to the following:   |
|                      | Philip Tatich, Esquire   |
|                      | Name of Person   |
|                      | Philip Tatich, P.A.  |
|                      | Firm/Company   |
|                      | Post Office Box 2545   |
|                      | Address  |
|                      | Winter Park, Florida 32790-2545  |
|                      | City/State and Zip Code  |
|                      | ptatich@aol.com  |
|                      | E-mail address: (to be used for future annual report notification)   |
| For further informa  | ation concerning this matter, please call:   |
| Philip Tatich        | 407 629-4433<br>at ()  |
| 1                    | Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check  | k for the following amount:  |
| ■ \$25.00 Filing F   | Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status Certified Copy 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 Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 FEB-6 AM 9: 13

SECRETARY OF STATE
ALLAHASSEE. FLORIE

2024 RIO GRANDE, LLC

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

| Florida document number L17000021397  | vere filed on 1/26/17                | and assigned              |
|---|--------------------------------------|---------------------------|
|   |                                      |                           |
| This amendment is submitted to amend the following:   |                                      |                           |
| A. If amending name, enter the new name of the limited liabil   | ity company here:                    |                           |
| 2404 RIO GRANDE, LLC  |                                      |                           |
| The new name must be distinguishable and contain the words "Limited Liabilit                              | y 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 here:  Name of New Registered Agent: |                                      | nter the name of the new  |
| Name of New Registered Agent.   |                                      | ·                         |
|   |                                      |                           |
| New Registered Office Address:  | Enter Florida street address         |                           |
|   |                                      | la                        |
|   |                                      | aZip Code                 |
|   |                                      | aZip Code                 |

If Changing Registered Agent, Signature of New Registered Agent

| 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 = Ma  | anager<br>uthorized Member | 2017 FEB -6 AM 9: 13  SECRETARY OF STATE TALLAHASSEE, FLORIDA |                |
| <u>Title</u>  | <u>Name</u>                | Address TALLAHASSEE, FLOORE                                   | Type of Action |
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| ective date, if other than the date of filing:  | (op                                      | tional)  |
| n effective date is listed, the date must be specific and cannot be precise. If the date inserted in this block does not meet the app | cable statutory filing requirements, the | ter filing.) Pursuant to 605.0207 his date will not be listed as |
| cument's effective date on the Department of State's recor  | s.                                       |  |
| t see the tensor to the   |  |  |
| record specifies a delayed effective date, but he 90th day after the record is filed.   | ot an effective time, at 12:01           | a.m. on the earlier of   |
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| ted February 5 , 2017   | ·  |  |
| CON A   | ,<br>/ /                                 |  |
| Vilamin CV  |  |  |
| Signature of a member or at   | norized representative of a member       |  |

Page 3 of 3

Filing Fee: \$25.00