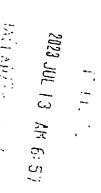


| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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07/13/23--0:013--006 **25.00





COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Div | ision of Cor | porations | | | | |
|----------------|------------------------------|---|--|--------------------------|---|--|
| enn teer. | | TY HOLDINGS, LLC | | | | |
| SUBJECT: | | Name of Lim | ited Liability Company | | | |
| The enclosed | l Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| | | indence concerning this matter | • | | | |
| | • | | | | | |
| | | Luci Allaire | | | | |
| | | | Name of Person | | | |
| | | Rubin & Associates CPA I | Firm, PA | | | |
| | | | Firm/Company | | · • • • | |
| | | 2080 NW Boca Raton Blv | d Ste 2 | | | |
| | | | Address | | <u>-</u> | |
| | | Boca Raton, Fl 33431 | | | | |
| | | | City/State and Zip Code | | | |
| | | luci@rubinassociatespa.con | | | | |
| | | E-mail address: (| to be used for future annual i | report notifica | tion) | |
| For further in | nformation c | oncerning this matter, please ca | all: | | | |
| Luci Allaire | | | 561 750 |)-8299 | | |
| | Name o | f Person | at () Area Code | Daytime T | elephone Number | |
| Enclosed is a | check for th | ne following amount: | | | | |
| ■ \$25.00 F | Filing Fee | S30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is encl | | ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo | |
| | iling Addres gistration S | | Street Ad | ldress: ition Section | an. | |
| | | orporations | — | i of Corpo | | |
| P.C |). Box 632 | 7 | | itre of Tall | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUL 13 AM 6:5;

GR REALTY HOLDINGS, LLC

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

| (A P10 | rida Limited Etablitty Company) 7 | MARSON TALL | |
|--|---|--|---|
| The Articles of Organization for this Limited Liability Florida document number L17000090451 | y Company were filed on $\frac{04/2}{2}$ | 24/2017 | and assigned |
| This amendment is submitted to amend the following | | | |
| A. If amending name, enter the new name of the li | imited liability company he | <u>re</u> : | |
| The new name must be distinguishable and contain the words "I | limited Liability Company," the de | signation "LLC" or the a | obbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET AD. | DRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registe agent and/or the new registered office address here Name of New Registered Agent: | red office address on our re | cords, <u>enter the nar</u> | |
| New Registered Office Address: | | | |
| New Registered Office Address. | Enter Flori | da street address | |
| | | Florida | Zip Code |
| | City | | Zip Code |
| New Registered Agent's Signature, if changing Registe | ered Agent: | | |
| I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change. | l complete performance of t l agent as provided for in C ered office address, I hereb | my duties, and I am hapter 605, F.S. Or | familiar with and , if this document is |

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 = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|--------------------|--|----------------|
| MGR | Manuel A Gutierrez | 2080 NW Boca Raton Blvd Ste 2 | ■Add |
| | | Boca Raton, Fl 33431 | □Remove |
| | | | Change |
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| te: If the date inserted in this | ne date of filing: Ol/01/23 (options) to date of filing or more than 90 days after block does not meet the applicable statutory filing requirements, the Department of State's records. | ional) r filing.) Pursuant to 605.020 is date will not be listed a |
| cord specifies a delayed effect s filed. | ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b | b) The 90th day after the |
| ed July 12 | 2023 | |
| BR | Signature of a member or authorized representative of a member | |
| Gary Rubin, M Memb | oer | |
| | Typed or printed name of signee | |

Filing Fee: \$25.00