## 1170039875

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SECRITARY OF STATE ALLAHASSEE, FLORIDA

S. WARREN MAR 0 9 2018

## **COVER LETTER**

Divi	ision of Corpoi	rations		
SUBJECT:	GRAY REAL	ESTATE INVESTMENTS,	LLC	
		Name of Limit	ed Liability Company	
The enclosed	Articles of Arr	nendment and fee(s) are subm	nitted for filing.	
Please return	all corresponde	ence concerning this matter to	o the following:	
		RICHARD S. GRAY		
Name of Person				<del>,_,_</del>
GRAY REAL ESTATE INVESTMENTS, LLC				
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		9864 BOSQUE CREEK CI	R, #302	
			Address	
		TAMPA, FL 33619		
	i		City/State and Zip Code	
		rgray80@gmail.com		
	•	E-mail address: (to	o be used for future annual report notifica	tion)
For further in	nformation con	cerning this matter, please ca	ll:	
RICHARD S. GRAY  813 444-7185  at ()  Name of Person  Area Code  Daytime Telephone Number			<del></del>	
	Name of P	erson	Area Code Daytime To	elephone Number
Enclosed is	a check for the	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:

τo:

**Registration Section** 

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

GRAY REAL ESTATE INVESMENTS LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000139875</u> .	were filed on JUNE 28 2017 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
R. GRAY INVESTMENTS, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	9864 BOSQUE CREEK CIR	
(Principal office address MUST BE A STREET ADDRESS)	#302	
	TAMPA, FL 33619	
Enter new mailing address, if applicable:	9864 BOSQUE CREEK CIR	
Mailing address MAY BE A POST OFFICE BOX)	#302	
	TAMPA, FL 33619	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	office address on our records, enter the name of the new	
	Enter Florida street address	

## 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. Qr, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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
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			☐ Remove
		<del></del>	☐ Change
		<del></del>	
			□ Remove
			Change
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