## 117000142218

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del> </del>
(Cit	ry/State/Zip/Phon	e #)
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DIVISION OF CONFORMATIONS

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JUN 1 9 2018

## **COVER LETTER**

TO:	Registration Se Division of Cor			
CLUB		ral Page Field, LLC		
SUB	JECT:	Name of Lim	ited Liability Company	<del>-</del>
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspo	ndence concerning this matter	to the following:	
		Robert K. Beard		
			Name of Person	
		Grand Central Page Field,	LLC	
			Firm/Company	<del></del>
		3401 West Cypress St., Su	ite 201	
			Address	
		Tampa, FL 33607		
		<u> </u>	City/State and Zip Code	<del></del>
		bob.beard@envirocap.com		
			to be used for future annual report notifi	cation)
For fi	urther information co	oncerning this matter, please ca	all:	
Robe	ert K. Beard		813 341-3650, ext	101
	Name o	Person		Telephone Number
Enclo	osed is a check for th	e following amount:		
■ S	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:

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

Grand Central Page Field, LLC			
(Name of the Limited	d Liability Compa A Florida Limited	inv as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Lia Clorida document number L17000142218	bility Company	were filed on <u>06/30/2017</u>	and assigned
his amendment is submitted to amend the follow	wing:		
a. If amending name, enter the new name of	the limited liab	ility company here:	
he new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3401 W Cypress St. Ste., 201	<b>=</b> 9
Principal office address MUST BE A STREET		Tampa FL, 33607	
			2 35 = 75 8 53
nter new mailing address, if applicable:		3401 W Cypress St. Ste., 201	AH 290
Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	Tampa FL, 33607	<b>9</b> .
			Q %
B. If amending the registered agent and/o			er the name of the
Name of New Registered Agent:			
New Registered Office Address:	3401 W Cypres	Enter Florida street address	
	Tampa		33607
		, 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
ΛR	Joseph Bonora	3401 W. Cypress St. unit 101	
		Tampa. FL 33607	<b>□</b> Remove
			Change
	<del></del>		
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ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applicab	date of filing or more than 90 days after filing.) Pursuant to
cument's effective date on the Department of State's records.	o o o o o o o o o o o o o o o o o o o
record specifies a delayed effective date, but not a	an affactive time, at 12:01 a.m. on the ea
The 90th day after the record is filed.	an enective time, at 12.01 a.m. on the ea
ted06-13-18	. •
Rober K Beard Signature of a member or authorize	
Signature of a member or authoriz	zed representative of a member

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Filing Fee: \$25.00