Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H17000225575 3)))



H170002255753ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973 : `
Fax Number : (305)675-5944

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

Email Address:

OLT AUG 23 PM G: 20 Ceungas seet in Gale

LLC AMND/RESTATE/CORRECT OR M/MG RESI
GRK2 BUSINESS PROPERTIES LLC

 Certificate of Status
 0

 Certified Copy
 0

 Page Count
 04

 Estimated Charge
 \$25.00

17 AUG 23 AM 10: 07

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY AUG 24 2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

W17000225578 GRK2 BUSINESS PROPERTIES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ and assigne L17000142561 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: E. . . Florida street address , Florida

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

Zio Coda

If amending Authorized Person(s) authorized removed from our records:	zed to manage, enter the title, name, and	address of each nerson	holog adds a
or removed from our records:	i	dad person	TABLING ROOTEG

MGR = Manager AMBR = Authorized Member

Titte	Name .	Address	Type of Action		
MGR	MARILEN NACERO	8216 NW 30th Ter			
		DORAL, FL 33122	■ Remove		
		· · · · · · · · · · · · · · · · · · ·	☐ Change		
MGR	GRK2 LLC	919 N MARKET ST STE 425	■ Add		
		WILMINGTON, DE 19801	Remove		
	·		□ Change		
		***	Add		
	·		D Remove		
	<u> </u>		Remove 7 AUG 23 AH 10: 07		
			Remove		
			□ Add		
			Remove		
			Change		
·		·			
			Change		

3/23/2017	16:58	3052201440		LAZARU	S			PAGE 84
		· ·· , ,		· · · · · · · · · · · · · · · · · · ·	• .		k (1-U-6)	48 35 7
D. If amo	ending any o	ther information,	: . cuter chan <i>gel</i> :	9) here: <i>(Attach a</i>				•
	J. •		,	sy nese. (Anach a	aannonai sn	ers, if neces	sary.)	
-								-
-								
_	· · · · · · · · · · · · · · · · · · ·						<u> </u>	
_								
								*
		· · · · · · · · · · · · · · · · · · ·						120/
_	·			:::	<u></u>			_ ~
_							خُرِجَ	TAUG 23, 1
			·				35.2	-23 int
								一 一
							20	<u> </u>
_							ب <u>ن</u> سر	至10:08
		· · · · · · · · · · · · · · · · · · ·						<u>. </u>
-				·	<u> </u>	A 6160		_
	<u></u>							
						· · · · · · · · · · · · · · · · · · ·	·	_
	- 							_
			· · · · · · · · · · · · · · · · · · ·					<u> </u>
_								_
L. Effective (If an effective	date, if othe	r than the date of	f filing:	reins to date of filing or	rayer than CO.	_ (optional)) Division of Co	of Allian county
TAGE:	HE date miser	ed in this block does ite on the Departmen	s not nieet the am	DUCADIE STADITORY "	ing requirem	ents, this date	will not be lis	5.0207 (3)(6) ted as the
200210411	3 51105(10 00	ne on into Departine	in of state 2 teco	ras,				-
f the record	l specifies	a delayed effect	live date, but	not an effective	time, at 1	7:01 a m	on the one	lor of
b) The 90	th day afte	r the record is f	filed.	The directive	cirre, at 1	2.01 0.111.	on the eath	iei oi :
	AUGUST	27	2017					
Dated	F.A		,	<u></u>				
	15	- secretario			69	٠.	*	24 - 25
		Signature	of a member or at	ithorized representativ	c of a member	·		
	,							
	1							

Page 3 of 3