## L17600 15769

	questor's Name)	
(ne	questors Name)	
	dress)	
(Ad	uress)	
	<del></del>	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
03		
Special Instructions to	<del>َدُنِيَ</del> Filing Officer:	··
- <del>20</del> 1		
	-	
	'ର 'ମ କ	
307	Ž.	
2017.0CT 1.0	  	
5.	**-	

Office Use Only



200304131972\_

i0/11/17--01001--021 ♦+25.00

17 OCT 10 AM 7: 52

SECRETARY OF STATE
TALLAHASSEE FLORIS

## **COVER LETTER**

то:	Registration Sec Division of Corp	ction porations					
		ND & ASSOCIATES, LLC					
SUBJE	CT:	Name of Limi	ted Liability Company				
The enc	losed Articles of a	Amendment and fee(s) are sub	nitted for filing.				
Please r	eturn all correspo	ndence concerning this matter	to the following:				
		ORLA	NDO A GONZALEZ				
			Name of Person				
		GRACELA	AND & ASSOCIATES, LLC				
	Firm/Company						
13746 NW 18TH COURT							
			Address				
		PEA	1BROKE PINES, FL 33028				
	City/State and Zip Code						
			o-assistant@center-ib.com				
		E-mail address: (	to be used for future annual report notifi	cation)			
For furt	ther information c	oncerning this matter, please ca	all;				
ORLANDO A GONZALEZ		954 667-6600					
	Name o	f Person	at () Area Code Daytime	Telephone Number			
Enclose	ed is a check for th	ne following amount:					
<b>■</b> \$23	5.00 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**

GRAC ( <u>Name of the Limited</u> ) (A	CELAND & ASSOCIATES, LLC  Liability Company as it now appears on our records.)  Florida Limited Liability Company)
The Articles of Organization for this Limited Liab lorida document number <u>L17000153697</u>	
his amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of th	he limited liability company here:
he new name must be distinguishable and contain the word Enter new principal offices address, if applicab Principal office address MUST BE A STREET.	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BO</u>	OX)
3. If amending the registered agent and/or egistered agent and/or the new registered office	r registered office address on our records, enter the name of the ce address here:
Name of New Registered Agent:	ATA SS
New Registered Office Address:	Enter Florida street address
	Florida C

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, 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	ORLANDO A GONZALEZ	13746 NW 18TH COURT	
		PEMBROKE PINES, FL 33028	■ Remove
			Change
MGR	WESTONCON INC	13746 NW 18TH COURT	<b>_</b> Add
		PEMBROKE PINES, FL 33028	Remove
			Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			Remove
			Change

		<del></del>				<del></del>			
			<u> </u>		<del></del>		<del></del>		
					<u> </u>				
					, <del></del>				
						·			
					<u> </u>		13 ST	17	
								<u> </u>	•
	<del></del>					· · · · · · · · · · · · · · · · · · ·	- <del>강</del> 		
								<u>~</u>	- 중약:
							SIAIE FLORID	7.5	
				<u>.</u> .			<u> </u>	<del></del>	_
						<u> </u>			-
			<del></del>						-
Effective	date, if other t	han the date of	filing:	1	Cillian or ma	or thun 90 days a	otional) Bortiling (Pursu	ant to 60°	5 0207 i
Note: If t	he date inserted i	han the date of date must be speci- in this block does	not meet the	applicable si	atutory filing	requirements,	his date will no	ot be list	ied as t
document	's effective date	on the Departmen	tot State's re	ecoras.					
	d specifies a (	delayed effect	ive date, b	ut not an	effective tii	me, at 12:0	1 a.m. on th	e earli	ier of
ne record	ith day after t	the record is f	iled.						
he record The 90	itt day atter								
The 90	Oct 2	20177	^ .	-2	<i></i> )				
he recore The 90 Dated0	Oct 2,	, <u>2017)</u>	<del></del>	7	7				

Page 3 of 3

Filing Fee: \$25.00