

L17 000159870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

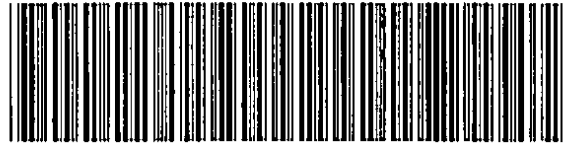
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2022 JUL 25 PM 3:54

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **GRAMAZ LLC**
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAMON ELIAS GRANADA

Name of Person

GRAMAZ LLC

Firm/Company

205 CARDIFF AVE.

Address

DAVENPORT, FL, 33897

City/State and Zip Code

qknaty39@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAMON ELIAS GRANADA

Name of Person

at (407)

Area Code

984-0028

Daytime Telephone 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRAMAZ 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 **JULY 26, 2017** and assigned
Florida document number **L17000159870**.

This amendment is submitted to amend the following:

A. If amending the name, enter the new name of the limited liability company here:

N/A

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)

205 CARDIFF AVE.

DAVENPORT, FL, 33897

Enter a new mailing address, if applicable:

205 CARDIFF AVE.

DAVENPORT, FL, 33897

(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:

NATALIA MESA

New Registered Office Address:

205 CARDIFF AVE.

Enter Florida street address

DAVENPORT, Florida, 33897

City

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

C. 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This LLC is entered by and between SIX (6) members mentioned below and with the following distribution of profits:

Member #1 **RAMON ELIAS GRANADA, PRESIDENT**, with ownership of **26%** of the Company **PROFIT**.

Member #2: **BEATRIZ ELENA MAZO, VICE-PRESIDENT** with ownership of **26%** of the Company **PROFIT**.

Member #3: **JONATHAN GRANADA MAZO, MANAGER**, with ownership of **12%** of the Company **PROFIT**.

Member #4: **RAMON FELIPE GRANADA MAZO, MANAGER**, with ownership of **12%** of the Company **PROFIT**.

Member #5: **MATEO GRANADA MAZO, MANAGER**, with ownership of **12%** of the Company **PROFIT**.

Member #6: **CAROLINA GRANADA MAZO, MANAGER**, with ownership of **12%** of the Company **PROFIT**.

PLEASE REFER TO THE OPERATING AGREEMENT ATTACHED TO THIS DOCUMENT FOR FURTHER DETAILS ON THE DISTRIBUTION OF COMPANY PROFITS.

Only President, or vicepresident or agent can
make changes.

E. Effective date, if other than the date of filing: July 19, 2022

(optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 19, 2022,



Signature of a member or authorized representative of a member

RAMON ELIAS GRANADA, PRESIDENT

Typed or printed name of signee

Filing Fee: \$25.00

2022 JUL 19 10:01 AM