L17000161295

	Requestor's Name)	
(P	requestors mante)	
(F	(ddress)	
	Address)	
V		
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	 	
(E	Business Entity Name)	
([Document Number)	<u></u>
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Certified Copies	Certificates of	Status
Special Instructions to	o Filina Officer	
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Office Use Only

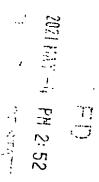


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COVER LETTER

TO:

Registration Section Division of Corporations

	/ESTMENTS LLC		•
SUBJECT:	Name of Lin	ited Liability Company	<u>.</u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	_	
	Rafi R Gerges		
		Name of Person	
	Profix Property Manage	ment	
		Firm/Company	
	2499 Glades Rd Suite	106 B	
		Address	
	Boca Raton, Florida. 33	431	
		City/State and Zip Code	
	rafigerges@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information e	oncerning this matter, please c	all:	
Dror Gerges		561 7039428	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of	rporations Fallahassee
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRDY INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	. 1 '1'	04/08/2021	,
The Articles of Organization for this Limited L Florida document number L17000161295		ere filed on	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liabili	ty company here:	
The new name must be distinguishable and contain the v	words "Limited Liability	Company." the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		<u> </u>
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or a agent and/or the new registered office address. Name of New Registered Agent:	registered office ad	dress on our records, <u>e</u>	nter the name of the new registered
New Registered Office Address:	2499 Glades Ro	Suite 106 B	
		Enter Florida street a	ddress
	Boca Raton		. Florida <u>³³⁴³¹ </u>
		City	Zip Code
New Registered Agent's Signature, if changing I hereby accept the appointment as registere		to act in this capacity.	I further agree to comply with the
provisions of all statutes relative to the propaccept the obligations of my position as region being filed to merely reflect a change in the company has been notified in writing of this	per and complete p istered agent as pr registered office a	erformance of my dutie ovided for in Chapter 6	s, and I am familiar with and 605, F.S. Or, if this document is

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>	<u>Name</u>	Address	Type of Action
MGR	Rafi R Gerges	2499 Glades Rd Suite 106 B,Boca Raton, Floric	la. 33431
			_ □Remove
			_ □Change
MGR	Dror C Gerges Jr		□Add
			_ • Remove
			□Change
			_ □Add
			□Remove
			_
			□Add
			_ □Remove
			□Change
			_ □Add
			_ □Remove
		□Change	
		_ 🗆 Add	
			_ □Remove
			□Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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-	
(If an ef Note:	ive date, if other than the date of filing:
the recor	rd 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 led.
Dated	Signature of a member or authorized representative of a member
	Typed or printed name of signee