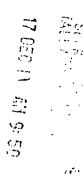


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special Instructions to Filing Officer:





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COVER LETTER

	Registration Se Division of Cor			
SUBJECT		ment Enterprises, LLC		
	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	
The enclo	sed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please ren	ım all correspo	ndence concerning this matter	to the following:	
		Jennifer Noga		
			Name of Person	
		East Washington Accounti	ng Services, Inc.	
			Firm/Company	
		221 Strawberry Oaks Dr, U	Jnit 11 0 0	
			Address	
		Orange City, FL 32763		
			City/State and Zip Code	 -
		jnoga.ewas@att.net		
		E-mail address: (to be used for future annual report noti:	fication)
For furthe	r information co	oncerning this matter, please ca	all:	
Jennifer N	loga		386 749-9010	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclosed i	s a check for th	e 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 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

G.R. Investment Enterprises, LLC					
(Name of the Lim	ited Liability Compar (A Florida Limited L	ny as it now appears on our reco liability Company)	ords.)		
The Articles of Organization for this Limited I	Liability Company	were filed on October 30, 20	17	and assigned	d
Florida document number L17000224789	·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liabi	lity company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the designation "L	LC" or the abbrev	iation "L.L.C."	
Enter new principal offices address, if appli	cable:	102 10th Street			
(Principal office address MUST BE A STRE	ET ADDRESS)		The name of the new		
				? 7	
		•	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:		102 10th Street			
(Mailing address MAY BE A POST OFFICE	(BOX)	Saint Augustine, FL 32080		Įn.	77-77
		-			
B. If amending the registered agent and	l/or registered of	fice address on our recor	ds, enter the	name of th	<u>ie new</u>
registered agent and/or the new registered of	office address here	:			N. 42
Name of New Registered Agent:	N/A				
New Registered Office Address:	102 10th Street				
		Enter Florida street addi	'C'Z'S	-	
	Saint Augustine	,,,,,,,	Florida 32080		
		City	7.	lip 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, 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
AMBR	Gustavo Ramos Bendezu	102 10th Street	
		Saint Augustine, FL 32080	□ Remove
			■ Change
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			☐ Change
			O Add
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Page 3 of 3

Filing Fee: \$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G.R. Investment Enterprises, LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited L	ny as it now appears on o liability Company)	ur records.)	
The Articles of Organization for this Limited I		were filed on October	30, 2017	and assigned
Florida document number L17000224789	<u></u> -			
This amendment is submitted to amend the fol-	lowing:			
A. If amending name, enter the new name of	of the limited liabi	lity company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the designat	ion "LLC" or the abbrev	ation "L.L.C."
Enter new principal offices address, if applied	cable:	102 10th Street		
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Saint Augustine, FL 32080				
Enter new mailing address, if applicable:		102 10th Street		
(Mailing address MAY BE A POST OFFICE	BOX)	Saint Augustine, FL 3	2080	2 5 5
				9.
				(D)
B. If amending the registered agent and	or registered of	fice address on our	records, enter the	name of the new
registered agent and/or the new registered o	ilice address nere	; :		
Name of New Registered Agent:	N/A			
New Registered Office Address:	102 10th Street			
		Enter Florida stre	vet address	
	Saint Augustine		, Florida ³²⁰⁸⁰	
		City		ip 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, 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
AMBR	Gustavo Ramos Bendezu	102 10th Street	
		Saint Augustine, FL 32080	☐ Remove
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tive date, if other than the date of t	filing: N/A		(optional)
effective date is listed, the date must be specific. If the date incurred in this block days.	ic and cannot be prior to date	of filing or more than 90 da	ivs after filing.) Pursuant to 605
If the date inserted in this block does ment's effective date on the Department	t of State's records.	tutory ming requiremen	ns, this date will not be liste
ecord specifies a delayed effecti	ve date but not an e	ffective time at 13	VOI am on the carlie
e 90th day after the record is fil	led.	nective time, at 12	or a.m. on the earns
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00