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Registration Section

TO:

Divi	ision of Cor	porations			
		ruction LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Ioannis Sotiropoulos			
		•	Name of Person		
		GRK Construction LLC			
			Firm/Company		
		220 Miracle Mile, Suite B.	200		
			Address		 :
		Coral Gables, FL 33134			
			City/State and Zip Code		<u>.</u> .i
		sotiro77@gmail.com		 	1
For further in	nformation c	h-mail address: (oncerning this matter, please o	to be used for future annual report not all:	incation)	
Ioannis Sotir			786 296-5729		-
		f Person	at ()	ne Telephone Number	
	Nume o	i reison	Area Code Tzaytiii	ie retephone Number	
Enclosed is a	check for th	ne following amount:			
≘ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	atus &
	Registr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

company has been notified in writing of this change.

	O DRGANIZATION		
GRK Construction LLC			
(Name of the Limited Liability Compa (A Florida Limited I	inv as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1.17000235760 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	were filed on 11/14/2017 and assigned		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	220 Miracle Mile, Suite B200 Coral Gables, FL 33134		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	220 Miracle Mile, Suite B200		
(Mailing address MAY BE A POST OFFICE BOX)	Coral Gables, FL 33134		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		

If Changing Registered Agent, Signature of New 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

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>	Type of Action
AMBR	Efthymios Paliouras	220 Miracle Mile, Suite B200	
		Coral Gables, FL 33134	
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(It an et)	fective date is listed, the date must be sp	ecific and cannot be prior	to date of filing or more th	ian 90 days after filing.) Pursu	ant to 605,0207 (.
	If the date inserted in this block do nent's effective date on the Departn			mirements, this date will no	ot be listed as th
docun	ient's effective date on the Departi	nem of State's records.			
	cord specifies a delayed effe 90th day after the record is		t an effective time	, at 12:01 a.m. on th	e earlier of:
1116	. John day after the record is	s mea.			
	December 29	2018			
Dated	December 29	,	 ·		
	Signa	ture of a member or author	nized reprosentative of a	member	
	. '				
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Page 3 of 3

Filing Fee: \$25.00