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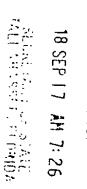
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COVER LETTER

TO: Registration Sec Division of Corp			
SURJECT: Gra	Penwich Pro	Operaties LLC ited Liability Company	
	Name of Lini	ned Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Leon	Wu	
		Name of Person	
	,	Firm/Company	
	8 Long	iley Lane	
		✓ Address	
	Old Wes	city/State and Zip Code SE amail. Cor o be used to future annual report notifice	568
		City/Share and Zip Code	
	E-mail address: (1	o be used for biture annual report notifice	27
For further information co	ncerning this matter, please ca		anon,
1,00	•	at (917) 292 Area Code Daytime T	2-2380
Name of	Person	Area Code Daytime T	elephone 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Greenwich 1	Properties LCC
(Name of the Limited Liability Compa (A Florida Limited L	ny as fi now appears on our records)
The Articles of Organization for this Limited Liability Company Florida document number 4/800072053	were filed on $3/26/18$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3030 N Rocky Point, Dr. Sie 150, Tampa, FL 33607
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8 Langley Lane Old Wasibury NY 11568
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Tice address on our records, enter the name of the new
Name of New Registered Agent	<u> </u>
New Registered Office Address:	Enter Florida street address Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	, \$\frac{1}{2}

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
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		Old Westbury, NY	□ ⊀emove
		11568	□ Change
AMBR	Lein Wa	8 Langley Land Old Westbury NY	DAdd
		Old westbury NY	□ Remove
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Effective date, if other than the date in effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	specific and does not m	cannot be pric sect the appli	icable statuto	ing or more than	(option 90 days after the ements, this the	nal)	26 to 605.02	:07 as
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Dated 9/10		18						
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Filing Fee: \$25.00