1180000092870

(Re	questor's Name)	
(Ad	dress)	
- (Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status/
Special Instructions to	Filing Officer:	





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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 16, 2019

WILLIAM HANDLER GRBK GHO HOMES LLC 590 NW MERCANTILE PLACE PORT SAINT LUCIE, FL 34986

SUBJECT: GRBK GHO THE STRAND, LLC

Ref. Number: L18000092870

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return_the enclosed blank form(s).

IF YOU WOULD-LIKE-A-CERTIFICATIE OF STATUS AND A CERTIFIED COPY, AN ADDITIONAL-\$7-50-18-DUE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 619A00007719

Manx 1001.

www.sunbiz.org

COVER LETTER

	gistration Section vision of Corporations
SUBJECT:	GRBK GHO The Strand, LLC Name of Limited Liability Company
The enclose	d Articles of Amendment and fee(s) are submitted for filing.
Please return	n all correspondence concerning this matter to the following:
	William Handler Name of Person
	GRBK GHO Homes LLC Firm/Company
	590 NW Mercantile Pl
	POH Saint Lucie, FL 34984 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further i	information concerning this matter, please call:
Krist	Name of Person at (501) U44-8384 Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
S25.00	Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S55.00 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
	Ced Ex

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRBK 6HU The S.				
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appea iability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L \ 80000 9 2870</u> .		4/14/20	_	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company h	<u>ere</u> :		
GRBK GHO BENT PINE, LL	C			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the c	designation "LLC" o	or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			SEONE TANK	7 ³ H
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			AY -6 PM 2: 25	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		n our records.	enter the name of	the ne
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flo	rida street address		
		, Flori	ida	
	City	,	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				

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 company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			□ Remove
			☐ Change
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			☐ Remove
			☐ Change
			
			□ Remove
	·		□ Change
			Remove
			Change

•	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
(If an e <u>Note</u>	etive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	April 25 1 2019
	Signature of a thember of authorized representative of a member
	William Handler

Page 3 of 3

Filing Fee: \$25.00