

L18000106618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

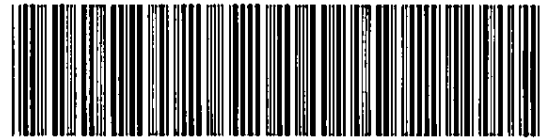
(Business Entity Name)

(Document Number)

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18 MAY 29 AM 10:49
J. LEGGETT
MAY 29 2018

J. LEGGETT
MAY 29 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRS REAL ESTATE SERVICES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BENJAMIN J. GENET

Name of Person

GRS REAL ESTATE SERVICES, LLC

Firm/Company

7071 W COMMERCIAL BOULEVARD, SUITE 2D

Address

TAMARAC, FL 33319

City/State and Zip Code

ben@genetgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BENJAMIN J. GENET

(954) 572-9159

at ()

Name of Person

Area Code

Daytime Telephone 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**

GRS REAL ESTATE SERVICES, LLC

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

The Articles of Organization for this Limited Liability Company were filed on APRIL 27, 2018 and assigned
Florida document number L18000106618.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7071 W COMMERCIAL BOULEVARD, SUITE 2D
TAMARAC, FL 33319

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7071 W COMMERCIAL BOULEVARD, SUITE 2D
TAMARAC, FL 33319

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

BENJAMIN J. GENET

New Registered Office Address:

7071 W COMMERCIAL BOULEVARD, SUITE 2D

Enter Florida street address

TAMARAC

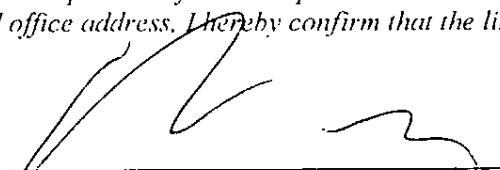
City

Florida 33319

Zip 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>	<u>Address</u>	<u>Type of Action</u>
MGR	NANCY GALATI	7071 W COMMERCIAL BLVD	<input checked="" type="checkbox"/> Add
		SUITE 2D	<input type="checkbox"/> Remove
		TAMARC, FL 33319	<input type="checkbox"/> Change
MGR	BENJAMIN J. GENET	7071 W COMMERCIAL BLVD	<input type="checkbox"/> Add
		SUITE 2D	<input type="checkbox"/> Remove
		TAMARC, FL 33319	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 MAY 25 AM 13 49
UNDA ST. FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Dated MAY 25, 2018 .

Signature of a member or authorized representative of a member

BENJAMIN J. GENET, Manager

Typed or printed name of signee