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## **COVER LETTER**

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GTJD Hole			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Geoffrey Tully		
		Name of Person	
	Name of Person  Finn/Company  600 NE 36th St, T3  Address  Miami, FL 33137  City/State and Zip Code  tully.geoff@gmail.com  E-mail address: (to be used for future annual report notification)  formation concerning this matter, please call:  at (646		
	600 NE 36th St, T3		
	Miami, FL 33137	Address	
	tully.gcoff@gmail.com	City/State and Zip Code	
	È-mail address: (	to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	ali:	
Geoffrey Tully			
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

## TO ARTICLES OF ORGANIZATION

## ARTICLES OF ORGANIZATION OF

GLDD Fioldings LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Company Florida document number 1.18000167509	y were filed on 7/11/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
GRMA HOUSE LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of	office address on our records,	SECRETARY OF THE CONTROL OF THE
registered agent and/or the new registered office address her	<u>re</u> :	HA GIL TATE ORIDA
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	·
		rida Zip Code
	City	7ip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	
I hereby accept the appointment as registered agent and ag	ree to act in this capacity. I furt	her agree to comply wil

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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e record specifies a delaye The 90th day after the re	d effective date, tord is filed.	out not an e	ffective time	, at 12:01 a	.m. on t	the ea	arlie
July 15th	2019	) 					
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	Signature of a member	~					

Page 3 of 3

Filing Fee: \$25.00