48000189282

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



500336622275

11/15/19--01024--012 **25.00



T SCHROEDEN

COVER LETTER

TO: Registration of Division of	n Section Corporations					
Grecar SUBJECT:	12, LLC					
Name of Limited Liability Company						
	s of Amendment and fee(s) are submitted for filing. espondence concerning this matter to the following:					
	David C. Camerini					
Name of Person						
	Fox Horan & Camerini LLP					
Firm/Company						
885 Third Avenue, 17th Floor						
Address New York, New York, 10022 City/State and Zip Code decamerini(a/foxlex.com						
						E-mail address: (to be used for future annual report notification)
					For further informati	on concerning this matter, please call:
David C. Camerini	212 480-4800 at ()					
Name of Person Area Code Daytime Telephone Number						
Enclosed is a check	for the following amount:					
■ \$25.00 Filing Fe	c ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

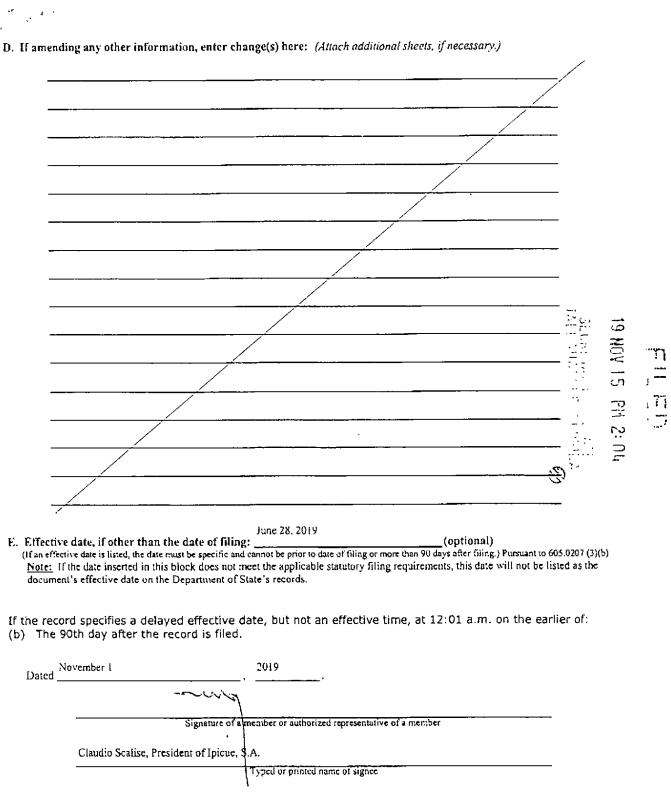
Grecar12, LLC		·
(<u>Name of the Limited Liability Com</u> (A Florida Limite	nany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number L18000189282	ny were filed on August 7, 2018	and assigned
This amendment is submitted to amend the following:		
•	100	
A. If amending name, enter the new name of the limited lin	aomity company nere:	
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		9
(Principal office address MUST BE A STREET ADDRESS)		
		_ _
Enter new mailing address, if applicable:	c/o Fox Horan & Camerini LLP	·
(Mailing address MAY BE A POST OFFICE BOX)	885 Third Avenue, 17th Floor	
	New York, New York 10022	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h Name of New Registered Agent:		the hame of the new
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
New Registered Agent's Signature, If changing Registered Age	City:	Zip Code
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compleacept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officempany has been notified in writing of this change.	rgree to act in this capacity. I furthe ete performance of my dutivs, and I as provided for in Chapter 605, F.S	am familiar with and . Or, if this document is
If C	hanging Registered-Agent, Signature of N	ew Registered Agent
Pa _l	ge 1 of 3	

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> Fitle</u>	Name Pada III C	Address c/o Fox Horan & Camerini LLP	Type of Action
MGR	Eador, LLC	885 Third Ave. 17th Floor, New York, NY 10022	🗆 Add
			☐ Remove
			■ Change
			O Add
		/	Remove
			Change
			□ Add
			Remove 37 46 4
			D Add
	,	/	□ Add
			Change
			🗀 Add
			□ Remove
			Change
			🗆 Add
/			□ Remove
			□ Change

Page 2 of 3



Page 3 of 3

Filing Fee: \$25.00