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Office Use Only



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CC/CUS Name Ch

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TO: **Registration Section Division of Corporations** SUBJECT: The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company va gassant @ amail. com
ail address: (to be used for future Innual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & **5** \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Court Viou Pool Totale

Grand Rey Real	ESKUC, LLO
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	vere filed on November 19, 2018 and assigned
Florida document number <u>L 18000 2(69 023</u> .	, o
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
Grandeur Group, LLC	
The new name must be distinguishable and contain the words "Limited Liability	y 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)	NIA
er	
Enter new mailing address, if applicable:	- Ja
(Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the name of the new registe
agent and/or the new registered office address here.	
Name of New Registered Agent:	1.
New Registered Office Address:	N/A
	Enter Florida street address
	, Florida
	City 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 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> Fitle</u>	<u>Name</u>	Address	Type of Action
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(If an effect Note: If	e date, if other than the date of filing:
ne record s ord is filed	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 figure of the feeting of the feet
Dated	May 15, 2020.  Signature of a member of authorized representative of a member
	Pauline Delva Gassant Typed or printed name of signee