19000103825

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Amend Mame

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COVER LETTER

	ration Sector of Corp			
Gr SUBJECT:	rostefon Inv	vestments, LLC		
		Name of Lim	nited Liability Company	
The enclosed Ar	rticles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all	correspon	dence concerning this matter	to the following:	
		Thomas D. Wright, Esq.		
		Laur (NE CThanna II)	Name of Person	
		Law Offices of Thomas D.		
		9711 Overseas Highway	Firm/Company	
		Marathon, FL 33050	Address	
		sue@keysclosings.com	City/State and Zip Code	
			to be used for future annual report notif	ication)
For further infor	mation con	cerning this matter, please ca	all:	
Susan M. Lovley			305 743-8118 at () Daytime	
	Name of F	Person	Ārea Code Daytims	: Telephone Number
Enclosed is a che	eck for the	following amount:		
■ \$25.00 Filing	g 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 OF

ARTICLES OF ORGANIZATION 822 82nd Street, LLC

(<u>Name of the Limited Liability Comp</u> e (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 $\frac{119000103825}{119000103825}$	were filed on 04/16/2019 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
Grostefon Investments, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1515 Eastward Ho Lane	
(Principal office address MUST BE A STREET ADDRESS)	Marathon, FL 33050	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on our records, <u>enter the name of the n</u> <u>e</u> :	
New Registered Office Address:		
Ten regimered wince riddress.	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 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			🗆 Change
			Add
			☐ Remove
			Change
		···	
			□ Remove
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Note:	ive date, if other than the date of filing: [cetive 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)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Robert A. Grostefon, Jr.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00