

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L19000157470

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : BLACKLEDGER ENTITY MANAGEMENT LLC
 Account Number : I20150000089
 Phone : (305)444-8800
 Fax Number : (305)444-4010

2020 JUN -4 PM 1:59

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: cayon@HCOADVISORS.COM

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 2020 JUN -4 PM 12:29

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 GREYSON REAL ESTATE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

) SIMN
 JUN 05 2020

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2020 JUN -4 PM 1:59

GREYSON REAL ESTATE 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 06/24/2019 and assigned Florida document number L19000157470

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.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

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 Changing Registered Agent, Signature of New Registered Agent

X

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SAUL REZA ARCELUS	2330 PONCE DE LEON BLVD,	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL, 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

x

2020 JUN -4 PM 1:59

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 7th, 2020

Handwritten signature of Arcelus Iroz, Maria T.

Signature of a member or authorized representative of a member

ARCELUS IROZ, MARIA T

Typed or printed name of signer