

10/20/22, 3:03 PM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L20000178970**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000360515 3)))



H220003605153ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

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

Email Address: ADOBLE@ALLOCATIONRESOURCE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

GRAND BANKS 60-17, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

2022 OCT 20 PM 3:21

2022 OCT 20 PM 2:31
RECEIVED
FLA. DEPT. OF STATE
FILINGAPPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 21 2022
K. Brumble

DocuSign Envelope ID: D778174E-5F37-4A7D-B87F-7B1A19505C0D

F-7/BTA19505CUD
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H22000360515

GRAND BANKS 60-17, 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 JULY 1, 2020 and assigned Florida document number L20000178970.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GB 60-17 LLC

The new name must be distinguishable and end with 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

H22000360515

DocuSign Envelope ID: D778174E-5F37-4A7D-B87F-7B1A19505C0D

H22000360515

If amending the managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

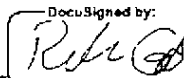
DocuSign Envelope ID: D778174E-5F37-4A7D-B87F-7B1A19505C0D

U. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **H22000360515**

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 20, 2022

DocuSigned by:


Signature of a member EE12A35325734C2 Representative of a member

RICHARD GOLDSTEIN

Typed or printed name of signee