

L20000296877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

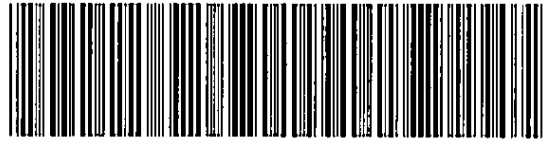
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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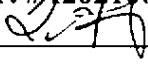
SECRETARY OF STATE  
TALLAHASSEE, FL

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from ACCT. # 120210000160 FOR: \$ 25.00  
Authorized Signature: 

GR INVESTMENTS, LLC L20000296877

**Business Name & Document #, (if known):**

- Walk in  Pick up time
- Mail out  Will wait
- Photocopy
- Certified Copy of ARTICLES OF INCORP.
- Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other
- CORP**

**AMMENDMENTS**

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger
- Conversion**

**OTHER FILINGS**

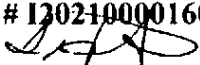
- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATIONS**

- Foreign filing
- Limited Partnership
- Reinstatement

APOSTIL  Other  
Country \_\_\_\_\_

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Country

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GR INVESTMENTS, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BETTE MORREALE  
Name of Person  
Firm/Company  
6290 KIRSCHOFF ST, APT 2A  
Address  
ROSEMONT, IL 60018  
City/State and Zip Code  
bette1906@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BETTE MORREALE      847      852-0633  
Name of Person      at (      )      Daytime Telephone Number  
Area Code

Enclosed is a check for the following amount:

- \$25.00 Filing 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

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

GR INVESTMENTS, 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 SEPTEMBER 21, 2020 and assigned Florida document number L20000296877.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BETTE MORREALE  
6290 KIRSCHOFF ST, APT 2A  
ROSEMONT, IL 60018

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**

**.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>    | <u>Address</u>                                    | <u>Type of Action</u>                      |
|--------------|----------------|---|--|
| MGR          | ROSS MORREALE  | 5875 Collins Ave. APT 2101, Miami Beach, FL 33140 | <input type="checkbox"/> Add               |
|              |                |   | <input checked="" type="checkbox"/> Remove |
|              |                |   | <input type="checkbox"/> Change            |
| MGR          | BETTE MORREALE | 6290 KIRSCHOFF, APT 2A, ROSEMONT, IL 60018        | <input checked="" 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               |
|              |                |   | <input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Change            |
|              |                |   | <input type="checkbox"/> Add               |
|              |                |   | <input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Change            |

SECRETARY  
 TALLMANS  
 2021 SEP 21 AM 9:08

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

Multiple horizontal lines for amending information.

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RECORDS SECTION  
DEPARTMENT OF STATE

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 SEPTEMBER 21, 2021

Bette Morreale  
Signature of a member or authorized representative of a member

BEITE MORREALE - MANAGER  
Typed or printed name of signer