L20000396556

(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



500357466555

7021 J.58 - 6 75 2: 09 2021 JAN - 6 AM 8: 50

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 1/6/2021

NAME: LJ GRANDWOOD GP LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: **FCA000000015**

AUTHORIZATION: ABBIE/PAUL HODGE

Chhie Hooge

COVER LETTER

TO: Registration Se Division of Cor			
OLD DECOT	DEWOOD GP, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	TRINIDAD CIFUENTES		
		Name of Person	
	NEXT LEGAL LLC		
		Firm/Company	·
	1395 Brickell Avenue, Sui	ite 950	
		Address	
	Miami, FL 33131		
		City/State and Zip Code	
	TRINIDAD@NEXTLEGA	L.US to be used for future annual report not	of Chaleston A
For further information c	oncerning this matter, please co		(incation)
TRINIDAD CIFUENTE	ES	786 9302896	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LJ GRANDEWOOD GP, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our reco a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C Florida document number <u>L20000396556</u>	Company were filed on December 21.	2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere	d office address on our records, ent	er the name of the new besistered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida strect add	ress
		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
MGR	CHRISTOPHER C FINLAY	1001 BRICKELL BAY DRIVE, SUITE 1504	□Add
		MIAMI, FL 33131	\=Remove
			□Change
MGR	Lloyd Jones Manager, LLC	1001 BRICKELL BAY DRIVE, SUITE 1504	= Add
		MIAMI. FL 33131	□Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
			🗆 Change
			□ Add
			Remove
			□Change
			□Add
			□Remove
			□Chanca.

				
		<u>-</u> .		
				
			<u>.</u>	
	· · · · · · · · · · · · · · · · · · ·			
				
				
			<u> </u>	<u> </u>
Tective date, if other than the date in effective date is listed, the date must be ite: If the date inserted in this block cument's effective date on the Department.	specific and cannot be prio does not meet the appli	or to date of filing or mor cable statutory filing	(option to than 90 days after file requirements, this d	ing.) Pursuant to 605.0207
cord specifies a delayed effective das filed.	te, but not an effective	time, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
January 5	2021			
ted				
ded				
ted January 5	nature of a member or auth	notized representative o	fa member	

Filing Fee: \$25.00