

11/22/21, 12:16 PM

Division of Corporations

L21000430112317

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H210004301083ABC7

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To:

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

From:

Account Name : UNLIMITED TITLE GROUP
Account Number : I20200000031
Phone : (305)269-9087
Fax Number : (305)269-9059

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 NOV 22 AM 10:34

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2021 NOV 22 PM 3:13

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
9974 GRAND BAY LLC

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November 22, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

9974 GRAND BAY LLC
10360 NW 68 TERRACE
DORAL, FL 33178

SUBJECT: 9974 GRAND BAY LLC
REF: L21000112317

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You have submitted the wrong fax cover sheet.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Valerie Herring
Regulatory Specialist III

FAX Aud. #: H21000427254
Letter Number: 921A00028243

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

9974 GRAND BAY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on March 9, 2021 and as amended
Florida document number L21000112317

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

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

E. Effective date, if other than the date of filing: 11/17/2021 (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 605.02107 (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 November 17 2021

Signature of a member or authorized representative of a member

Yoligere Vilorio, AMBR

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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