Division of Corporations

(H22000364B163)

## Florida Department of States

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.

(((H220003648163)))



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

_			
То:	Division of Corporations Fax Number : (850)617-6383		SECRETARY TALLAHAS
From:	Account Name : SICONT ENTERPRI Account Number : I20160000041 Phone : (407)443-8973 Fax Number : (407)930-2626	SES OF AMERICA INC	ARY OF STATE
<u>.</u> **Enter anı	the email address for this busines nual report mailings. Enter only o	s entity to be used ne email address pl	: for future
Ema	ail Address:		
5	LC AMND/RESTATE/CORREC GR BUILDERS INVE		ESIGN
			=. ■
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Corporate Filing Menu

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P.O. Box 6327

Tallahassee, FL 32314

## **COVER LETTER**

TO:	Registration Se Division of Cor			
SHIP IE	GR BUILD	ERS INVESTORS LLC		
SUBJE	C1:	ERS INVESTORS LLC  Nume of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		DESIREE TORRES		
			Name of Person	
		SICONT ENTERPRISES	OF AMERICA INC	
			Firm/Company	<del></del>
		13550 VILLAGE PARK I	DR STE 255	
			Address	
		ORLANDO FL 32837		
			City/State and Zip Code	<del></del>
		SUNBIZ.SICONT@HOTM	IAIL.COM to be used for future annual report n	oritination)
For furt	her information c	concerning this matter, please of		
	EE TORRES			
		f Person	407 443-8973 at ()	ine Telephone Number
	, and		, aca code 25 yr	
Enclose	d is a check for t	he following amount:		
≣ \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	<ul> <li>\$55.00 Filing Fee &amp; Certified Copy (additional copy is enclosed)</li> </ul>	☐ \$60.00 filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration	Section	Street Address: Registration S	Section
	Division of C	orporations.	Division of C	orporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

1 3 3 6 0 6 3 4 6 4 6

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GR BUILDERS INVE	ESTORS LLC		2001 CRES
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears o Liability Company)	n our records.)	25
The Articles of Organization for this Limited Liability Companiflorida document number <u>L22000215511</u> .  This amendment is submitted to amend the following:			breviation: "L.L.C."  ORLANDO FL 32837  Cof the new registered  S LLC
A. If amending name, enter the new name of the limited lia	bility company here	:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the desig	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13550 VILLAGE F	PARK DR STE 2	55, ORLANDO FL 32837
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13550 VILLAGE F	PARK DR STE 29	55, ORLANDO FL 32837
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	ords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	RLANDO REGIS	TERED AGEN	ITS LLC
New Registered Office Address: 1:	3550 VILLAGE PA	ARK DR STE 2	255
	Enter Florida	street address	
	ORLANDO	, Florida _	32837
	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.

Changing Registered Agent, Signature of New Registered Agent

(403000 - 000

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>	Name	Address	Type of Action
AMBR	HECTOR E FRIAS	13550 VILLAGE PARK DR STE 255 CRLANDO, FL 328	<sup>37</sup> ₩∧dd
			□Remove
			□Change
AMBR	JEISON M GOMEZ	13550 VILLAGE FARK DR STE 255 ORLANDO, FL 328	37 □Add
			□Remove
			図Change
			ClAdd
			_ DRemove
			· /Change
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ated	OCTOBER 19TH Jels		
	lair	son Gomez	
	, Mais		
_	Signature c	of a member or authorized representative of a member	

Filing Fee: \$25.00

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