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Office Use Only



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WELLINSSEE FLORIDA

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations				
Grand K 6	LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Michael Dempsey			
		Name of Person		
	ZenBusiness Inc.			
		Firm/Company		
	336 E College Ave., Ste 30)		
		Address		
	Tallahassee, FL 32301			
		City/State and Zip Code		
	fulfillment@zenbusiness.co	om (to be used for future annual report notification)		
For further information (encerning this matter, please concerning this matter.	·		
Michael Dempsey c/o Z		844 493-6249		
	of Person	at () Area Code Daytime Telephone Number		
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &	
Mailing Addre	ss:	Street Address:		
Registration Section		Registration Section		
Division of C P.O. Box 633		Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grand K 6 LLC		JUL 18 PM
	nany as it now appears on our records)	
(A Florida Limited	nany as it now appears on our records.) d Liability Company)	
	06/15/2022	
The Articles of Organization for this Limited Liability Compan	ly were filed on 00/13/2022	and assigned.
Florida document number 1.22000272971		10.7 35
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	hility Company "the designation "11 C" or	the abbreviation "L.L.C."
•	only company: the designation time (a	the above viación (13.13.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	e 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	
	inter randa sireet dadress	
	, Florid	la
	Ciņ [,]	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.

4.5.413	Th. 1
III (hanging	Registered Agent, Signature of New Registered Agent
11 (1100)	Regimered Agent, ingulate of the Regenered 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>	Address	Type of Action
AMBR	Margaret A Marino	7214 Alta Lane	
		Mint Hill, NC 28227	■Remove
			□Change
 			□Add
			□Remove
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ective date, if other than the date of a effective date is listed, the date must be specite: If the date inserted in this block document's effective date on the Department of the properties a delayed effective date, is filed.	cific and cannot be pri is not meet the appi ent of State's record	licable statutory fili ds.	more than 90 days afte ing requirements, th	is date will not be l	isted as
July 7	2022				
ed	**	·		79.	وح
/s/ Gaetano Marino				ALLA MOSEE FIL	U22 .
Signatu	re of a member or au	thorized representative	ve of a member	32	
Cresion				f. '	•

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Filing Fee: \$25.00