

8/15/2014 11:51:30 To: 8506176383

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

((H14000192829 3)))



H140001928293ABC3

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

To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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

Email Address: \_\_\_\_\_

RECEIVED

14 AUG 15 AM 6:45

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
10636 GRANDY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

AUG 18 2014

AUG 18 2014

Electronic Filing Menu

Corporate Filing Menu

Help

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: 10636 Grandy, LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: 08/07/2014

**SECTION II (4-7 complete only the applicable changes)**

4. New name of the limited liability company: 10636 Gandy, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

MARK J. SULLIVAN  
Typed or printed name of signer

**Filing Fee: \$25.00**

2014/08/15 PM 2:42  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08/15/2014 BY 60322  
UCBAW/STP/ELG/STP

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "10636 GRANDY, LLC", CHANGING ITS NAME FROM "10636 GRANDY, LLC" TO "10636 GANDY, LLC", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF AUGUST, A.D. 2014, AT 2:16 O'CLOCK P.M.

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-13-14 BY 60322  
UCBAW/STP/STP

2014 AUG 15 PM 2:16

FILED

5575029 8100

141067469

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1617783

DATE: 08-13-14

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 02:24 PM 08/13/2014  
FILED 02:16 PM 08/13/2014  
SRV 141067469 - 3575029 FILE

STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: 10636 GRANDY, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Article 1, title "Name" is amended as follows:

The name of the limited liability company is 10636  
GANDY, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 12th day of August, A.D. 2014.

By: 

Authorized Person(s)

Name: MARK J. SULLIVAN

Print or Type