

M1500000 7274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

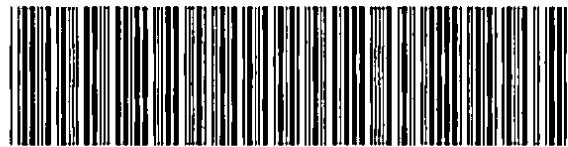
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECURE MAIL OF STATE  
TALLAHASSEE, FLORIDA

F I L E D

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T SCHROEDER



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

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Grouper Key West, LLC

Enter new principal office address, if applicable:

Principal office address  
MUST BE A STREET ADDRESS

5546 Bob White Trail

Mims FL 32754

Enter new mailing address, if applicable:

Mailing address  
MAY BE A POST OFFICE BOX

5546 Bob White Trail

Mims FL 32754

2. The Florida document number of this limited liability company is: M15000007274

3. Jurisdiction of its organization: South Carolina

4. Date authorized to do business in Florida: August - 31 - 2015

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(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.")

6. 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*

City \_\_\_\_\_, Florida \_\_\_\_\_

Zip Code \_\_\_\_\_

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FACSIMILE  
ADDRESS  
OR  
MAIL  
TO:  
FLORIDA  
DEPARTMENT  
OF  
STATE  
REGISTRATION  
AND  
LICENSE  
DIVISION  
100  
TAMPA  
FL 33601

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

**FILED**

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

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>Greg Rapp</u>	<u>5546 Bob White Trl</u> <u>Mims FL 32754</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

<u>MGRM</u>	<u>Refik Ezlibasic</u>	<u>5077 N. Lincoln Ave</u> <u>Chicago IL 60625</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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<u>MGRM</u>	<u>Danovka Ezlibasic</u>	<u>5077 N. Lincoln Ave</u> <u>Chicago IL 60625</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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9. Attached is a 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

Gregory S. Rapp  
Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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