L20000347488

(Ri	equestor's Name)	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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	ocument Number)	
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12/23/20

COVER LETTER

	tration Sector on of Corp			
SUBJECT:		Development LLC		
Name of Limited Liability Company				
The enclosed A	articles of A	mendment and fec(s) are sub	mitted for filing.	
Please return al	Leorrespon	dence concerning this matter	to the following:	
		Mary J. Clark		
			Name of Person	
		Grand Oaks Development	LLC	
			Firm/Company	
		15948 W County Road 149)1	
			Address	
		Alachua, Fl 32615		
		<u> </u>	City/State and Zip Code	
		grandoaksdevelopment@ya		
		E-mail address: (to be used for future annual report notif	ication)
For further info	rmation cor	seerning this matter, please ea	ill:	
Mary Clark			352 538-1247	
	Name of I	³ erson	at () Area Code Daytime	: Telephone Number
Enclosed is a ch	neck for the	following amount:		
■ \$25.00 Filin	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	g Address: tration Se	ection	Street Address:	tion
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. I	30x 6327	•	The Centre of T	allahassee
Tallal	iassee, FL	. 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grand Oaks Development LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L20000347488	Company were filed on 11/2/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)	
	-	
Enter new mailing address, if applicable:		202
Mailing address MAY BE A POST OFFICE ROX)		2020 NOV
		- E
 If amending the registered agent and/or registered agent and/or the new registered office address here. 	doffice address on our records, <u>enter the</u>	name of the new registero بب
Name of New Registered Agent:		 ထ
New Registered Office Address:		
	Enter Florida street address	
	Florid	a
Constitutional Administration of the Constitution of the Constitut	iny	Zip Code
New Registered Agent's Signature, if changing Registered		
hereby accept the appointment as registered agent or ovisions of all statutes relative to the proper and concept the obligations of my position as registered agoning filed to merely reflect a change in the registere ompany has been notified in writing of this change.	omplete performance of my duties, and 1 gent as provided for in Chapter 605, F.S.	am familiar with and Or, if this document is
	If Changing Registered Agent, Signature of No.	w Revistered Auent
	If Changing Registered Agent, Signature of New	w Registered 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	Brice Clark	15948 W County Road 1491, Alac	hua, FL 32615 ■Add
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			Remove
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E. Effective date, if other than the date of filing:

(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 605.0207 (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 16	2020	
-	M		
	- Imn	rignature of a member or authorized representative of a member	-
	Mary J. Clark		
		Typed or printed name of signee	···

Filing Fee: \$25.00