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(Requestor's Name)
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COVER LETTER

TO: Registration Se Division of Cor							
	atton & Beuamont, PLLC						
SUBJECT:	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
	ondence concerning this matter						
	Kim Beaumont						
		Name of Person		=			
	Traylor Gratton & Beaumo	ont, PLLC		S2 20	3		
Firm/Company					: = '		
1260 S. Federal Highway, Suite 101							
		Address					
	Boynton Beach, Florida 33	3435			문 관		
		그림	<u>ب</u> <u>د</u>				
	kbeaumont@tgbk.com	to be used for future annual report notifi	ication)				
For further information of	oncerning this matter, please c		(canon)				
Kim Beaumont	, , , , , , , , , , , , , , , , , , ,	561 737-7900					
	f Person	at () Area Code Daytime	Telephone Number				
, and		,	•				
Enclosed is a check for the	ne following amount:						
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &			
Mailing Address Registration	Section	Street Address: Registration Sec					
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee					
Tallahassee,		2415 N. Monroe		10			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Traylor, Gratton & Beaumont, PLLC (Name of the Limited Liability	Company as it now appears on our records.)	
	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	mpany were filed on 9/2/03 LO3000035497	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Thrower, Gratton & Beaumont, PLLC.		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the	abbreviation L.L.C."
Enter new principal offices address, if applicable:		TAR L
(Principal office address MUST BE A STREET ADDRI	<u> </u>	$\frac{2\pi i}{2\pi i}$ ω
Enter new mailing address, if applicable:		200 PH 3:
(Mailing address MAY BE A POST OFFICE BOX)		Lit
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the na	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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.

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
MER	Carla D. Thrower	104 Gramercy Square D	r. MAdd
		Delray Booch II 33484	□Remove
			□Change
			□Add
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		20 CT	ှိ ယ္
			□Change
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f an effective date is Note: If the date i	other than the date listed, the date must be s inserted in this block of the date on the Depart	specific and cann does not meet t	ot be prior to da the applicable	exty 6	e than 90 days at	otional) fter filing.) Pur this date will	suant to 6 not be li	05.0207 sted as
record specifies a d is filed.	a delayed effective dat	e, but not an e	ffective time, a	at 12:01 a.m. on	the earlier of:	(b) The 90	th day af	the the
Dated De	ecember Kun	· 26, _	2023 H	Q	1			
	Pus	xleede	」 <i>₩</i> }・ 】	Deaum	loil I			
	Sign	ature of a memb	er or authorized	representative o	f a member			