

LO6 0000000571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

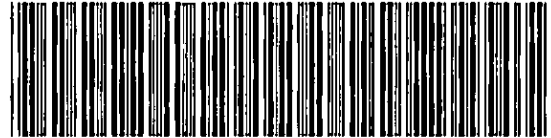
(Business Entity Name)

(Document Number)

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04/26/21--01012--010 **25.00

2021 APR 26 PM 3:07

END

S.C.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Grissom Park LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beverly Madison

Name of Person

Firm/Company

6545 Cay Circle

Address

Orlando, FL 32809

City/State and Zip Code

bmadison@me.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beverly Madison

407

908-5428

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grisson Park LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 3, 2006 and assigned Florida document number 1.O6000000571.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

6545 Cay Circle

Orlando, FL 32809

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6545 Cay Circle

Orlando, FL 32809

B. 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:

Beverly Madison

New Registered Office Address:

6545 Cay Circle

Enter Florida street address

Orlando

City

Florida 32809

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.

DocuSigned by.

Beverly Madison

If Changing Registered Agent, Signature of New Registered Agent

JAN 10 2007 10:07

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Theresa K. Guest Revocable Family	2105 S. Tropical Trail	<input type="checkbox"/> Add
		Merritt Island, FL 32952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	W. Michael Selig	200 Willard St, Suite 2B	<input type="checkbox"/> Add
		Cocoa, FL 32922	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Ron Smith	128 Signature Dr.	<input type="checkbox"/> Add
		Melbourne Beach, FL 32951	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	A Bruno Pereira	15 Indian River Dr.	<input type="checkbox"/> Add
		Cocoa, FL 32922	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Peter Madison	6545 Cay Circle	<input checked="" type="checkbox"/> Add
		Orlando, FL 32809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Beverly Madison	6545 Cay Circle	<input checked="" type="checkbox"/> Add
		Orlando, FL 32809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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 April 23, 2021

- DocuSigned by:

Beverly Madison

-791181B4;FE74FF

Signature of a member or authorized representative of a member

Beverly Madison

Typed or printed name of signer

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