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.

(((H21000440804 3)))



H210004408043ABCX

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 : J.KEVIN DRAKE, P.A.

Account Number : I20020000002

Phone : (941)954-7750

Fax Number : (941)951-1509

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

C 43	Addnoss			
Lmail	MANUSCE			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TUCKERS GRADE ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

DEC 03 2021

A. LUNT

Eléctronic Filing Menu Corporate Filing Menu

Help

(((H21000440804 3)))

COVER LETTER

TO:	Registration Sec Division of Corp					
erib ite.	CT.	TUCKERS GRADI	E ASSOCIATES, LLC			
SUBJE	C.);	Name of Lin	ited Liability Company			
The enc	losed Articles of A	amendment and fee(s) are sub	omitted for filing.			
Please re	eturn ali correspon	dence concerning this matter	to the following:			
			J. KEVIN DRAKE, ESQ.			
Name of Person						
	J. KEVIN DRAKE, P.A.					
			Firm/Company			
			1432 FIRST STREET			
		Address				
	TUCKERS GRADE ASSOCIATES, LLC Name of Limited Liability Company					
			City/State and Zip Code			
		E-mail address: (to be used for future annual report noti	fication)		
For furth	ner information co	ncerning this matter, please c	all:			
J. KEVI	IN DRAKE, ESQ.		,			
	Name of	Person	Area Code Daytim	e Telephone Number		
Enclosed	d is a check for the	following amount:				
□ \$ 25.	.00 Filing Fcc		Certified Copy	☐ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc		

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

(FAX)

(((H21000440804 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	ASSOCIATES, LLC	1
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our recor ability Company)	da.)
The Articles of Organization for this Limited Liability Company w Florida document numberL06000016750	vere filed onFEBRUARY	15, 2006 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	tv company here:	
The new name must be distinguishable and contain the words "Limited Liability	Y Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·····
(Principal office address MUST BE A STREET ADDRESS)		
_		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>ente</u>	r the name of the new registers
Name of New Registered Agent:		
New Registered Office Address:		
THE TAXABLE CONTRACTOR OF TAXA	Enter Florida street addre	n
	, F	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent;		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of my duties, a	md I am familiar with and

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

(((41210004408043)))

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>	Type of Action
MGR	KIMBERLY S. DRIGGERS	4509 BEE RIDGE ROAD, STE C	□ Add
		SARASOTA, FL 34233	≅Remove
			Change
MGR	P. DAVID GREENBERG	4509 BEE RIDGE ROAD, STE C	🖺 Add
		SARASOTA, FL 34233	□Remove
			□Change
MGR	JIMMY Y. DRIGGERS	4509 BEE RIDGE ROAD, STE C	≅ Add
		SARASOTA, FL 34233	□Remove
			□ Change
			Петюче
			DAdd
			□Remove
			CI Change
			□Remove
			□ Change

(((H21000440804 3)))

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
•		
•		
•		
•		·
	201 DEC	ISIAII 335
•		- 오보 - 오보
•		800 A8A
•	A A A A A A A A A A A A A A A A A A A	사이를 보는 사이를 보는
	——————————————————————————————————————	1.65 1.75 1.75
-		,
_		
-		
-		
HOLE	ective date, if other than the date of filing:	207 (3) I as th∈
the record cord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ted.	he
Dated	11-29-21	
	Signature of a member of authorized representative of a member	
	JIMMY Y. DRIGGERS	
	Typed or printed name of signee	