## L070000006197

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6/28/21



## COVER LETTER

TO: Registration Se Division of Cor			
GREWOH,	LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	Wilson B. Greaton, Jr., Esc	4.	
		Name of Person	
	GREWOH, LLC		
		Firm/Company	<u> </u>
	PO Box 39238		
		Address	<u> </u>
	Fort Lauderdale, FL 33339	9-9238	
		City/State and Zip Code	<del></del>
	LZM2@greatonlaw.com		
For further information of	e-mail address: ( concerning this matter, please c	to be used for future annual report of all:	otheation)
	one of ming this matter, produce of	954 561-0313	
Linda Moller		at ()	time Telephone Number
Name (	of Person	Area Code Day	time retepnone istimoer
Enclosed is a check for t	he 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 Addre Registration		Street Address Registration	
Division of (		Division of C	Corporations
P.O. Box 633 Tallahassee,			f Tallahassee rroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OH, LLC	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L07000008192  This amendment is submitted to amend the following:		7/2007 and assigned
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2409 N.E. 37 Drive	
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33308-6317	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the r	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		Zip Code
	City	يرې Coae رسي
New Registered Agent's Signature, if changing Registered Agent:		\\ \frac{1-\delta}{\tau} \\ \tau \tau \tau \tau \tau \tau \tau \
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	performance of my duties, and La provided for in Chapter 605, F.S.	um familia <u>r w</u> ith and Or, if this document is

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>	<u>Address</u>	Type of Action
MGRM	W. BARTLETT GREATON, III	12990 SW 75 Avenue	□Add
		Pinecrest, FL 33156	■ Remove
			□Change
MGRM	WADE E. GREATON	1980 NE 7 Street, #105	
<u> </u>		Deerfield Beach, FL 33441-3778	□Remove
			Change
			□ Add
			Remove
			□Change
			□Add
			Remove
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activa .	date if other the	an the date of	filing		(option	ıal)
effectiv	ve date is listed, the d	date must be specif	fic and cannot be price	or to date of filing or a	nore than 90 days after fi	ling.) Pursuant to 605.02
<u>te:</u> It ti :ument`	ne date inserted in 's effective date or	i this block does n the Departmen	not meet the appu it of State's record	s.	ng requirements, this o	ince will not be fisical
		effective date, bu	at not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after th
s filed.						
			<b>2</b> 021			~~~ ~~~
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		Signature	of a member or aut	horized representativ	e of a member	
						3.0