## L08000000257

(Requestor's Name)
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Gra	en with Nature Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	_ William J	Name of Person	
		Firm/Company	<del></del>
	3508 Gall	agher Drive Address	
	_ Tallahalsee	City/State and Zip Code	
	E-mail address:	a gmail. Com to be used for future annual report notifi	ication)
For further information co	ncerning this matter, please c		
William John	MautzIII	at ( <u>850</u> ) 727- Area Code Daytime	9792
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:	i	Street Address:	

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

TO:

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

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

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Enter Florida .	street address	
	Florido	
···.	, FIOFICA Zıp Code	
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	on our reco	on our records, <u>enter the name of the new re</u> Enter Florida street address

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 Changing Registered Agent, Signature of New 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
			□Remove
			□Change
			□Add
		□Remove	
			Change
			□Add
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	ve date, if other than the date of filing:
ote: I	ctive 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 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
i <u>ote:</u> I ocume	f the date inserted in this block does not meet the applicable statute of filing or more than 90 days after filing.) Pursuant to 605.0207
lote: I	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.  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 d.
lote: I	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.

Filing Fee: \$25.00