# L10000038192

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone #)	
PICK-UP	MAIT [	MAIL
(Bus	siness Entity Name)	
(Dod	cument Number)	
Certified Copies	_ Certificates of Sta	tus
Special Instructions to f	Filing Officer:	
	J. HORNE ULT 25 2022	

Office Use Only



900393527209

TALLAHASSEE FLO

RECEIVED

7022 OCT 24 AH 9: 34

### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

# incserv

#### **ORDER FORM**

TO Florida Department of State

> The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com

850.656.7953

**REQUEST DATE** 10/24/2022

**PRIORITY** Regular Approval

OUR REF # (Order ID#) 1081680

ORDER ENTITY

JOHN P. O'GRADY, LLC

#### PLEASE PERFORM THE FOLLOWING SERVICES:

JOHN P. O'GRADY, LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

#### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

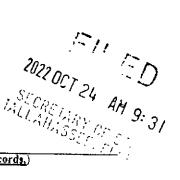
Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, October 24, 2022 Page 1 of 1

# **COVER LETTER**

	Registration Se Division of Cor		
SUBJECT	JOHN P. O	GRADY, LLC	
		Name of Lin	nited Liability Company
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please ret	urn all correspo	indence concerning this matter	to the following:
		AMY BLAKE	
			Name of Person
		JOHN P. O'GRADY, LLO	
			Firm/Company
		2809 S. OCEAN BLVD	
,			Address
		HIGHLAND BEACH, FL	. 33487
		VESESQ@AOL.COM	City/State and Zip Code
			to be used for future annual report notification)
For further	information co	oncerning this matter, please c	all:
AMY BL.	AKE		561 376-3908
	Name of	Person	at () Area Code Daytime Telephone Number
Enclosed is	s a check for th	e following amount:	
<b>■ \$</b> 25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D P	egistration S ivision of Co O. Box 6327 allahassee, F	ection orporations 7	Street Address: 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



JOHN P. O'GRADY, 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 Liabi	lity Company were filed on MARCH 23, 2010	and assigned
Florida document number L10000032192	·	-
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited linbility 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 A		
_		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or regist	tored office address on our second	
agent and/or the new registered office address he	ere:	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
lam Paristan da la co	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 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
MGRM	The Blake Family Partnership LLLP	2809 S OCEAN BLVD, HIGHLAND BCH, FL 3348	
			■Remove
MGR	AMY M. BLAKE		_ □Change
	ANT M. DEAKE	2809 S OCEAN BLVD, HIGHLAND BCH, FL 3348	:7 ≣Add
			□Remove
AMBR	The Blake Family Partnership LLLP	2800 S OCEAN DI VEN HIGHEAND DELL'EL SU	_
	The state of the s	2809 S OCEAN BLVD, HIGHLAND BCH, FL 3348	7 _ ⊟Add
			_ DRemove
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<u> </u>			
I an effective date is listed, the date mi	iock does not meet the anniicante	(option ate of filing or more than 90 days after fil statutory filing requirements, this d	
- 10 /1104		at 12:01 a.m. on the earlier of: (b)	The 90th day after the
OCTOBER 5,	2022		
avri	Signature of a member or authorized		
$\mathcal{O}$	organistic of a member of authorized	representative of a nicmber	
AMY M. BLAKE			

Filing Fee: \$25.00