

L10000032192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

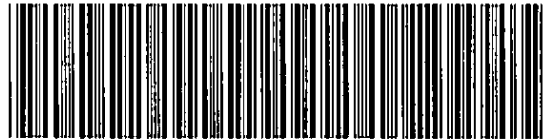
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600395089936

10/11/22--01020--**755.00
10/11/22--01023--001 **25.00

2022 OCT 11 AM 8:35
CLERK OF STATE
TALLAHASSEE, FL

A. BUTLER

JAN - 5 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JOHN P. O'GRADY, 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:

AMY BLAKE

Name of Person

JOHN P. O'GRADY, LLC

Firm/Company

2809 S. OCEAN BLVD

Address

HIGHLAND BEACH, FL 33487

City/State and Zip Code

VESESQ@AOL.COM

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

For further information concerning this matter, please call:

AMY BLAKE

561 376-3908
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

FILED

2022 OCT 11 AM 8:35

OFFICE OF STATE
ATTORNEY

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	The Blake Family Partnership LLLP	2809 S OCEAN BLVD, HIGHLAND BCH, FL 33487	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AMY M. BLAKE	2809 S OCEAN BLVD, HIGHLAND BCH, FL 33487	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	The Blake Family Partnership LLLP	2809 S OCEAN BLVD, HIGHLAND BCH, FL 33487	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

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 OCTOBER 5, 2022

Ann M. Blake
Signature of a member or authorized n

Signature of a member or authorized representative of a member

AMY M. BLAKE

Typed or printed name of signee

Filing Fee: \$25.00