L100000321912

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2022 OCT 11 MM 8: 35

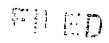
A. BUTLER

JAN - 5 2023

COVER LETTER

	gistration Sec vision of Corp		
SUBJECT:		GRADY, LLC	4
SUBJECT		Name of Lim	ited Liability Company
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.
Please retur	n all correspor	ndence concerning this matter	to the following:
		AMY BLAKE	
			Name of Person
		JOHN P. O'GRAÐY, 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 co	ncerning this matter, please ca	•
AMY BLA	KE		561 376-3908 at ()
	Name of	Person	Area Code Daytime Telephone Number
Enclosed is	a check for the	e following amount:	
■ \$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)
Re Di P.	ailing Address egistration S vision of Co O. Box 6327 Illahassec, 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

2022 OCT || AH 8: 35

(<u>Name of the Limited Lial</u> (A Flor	bility Company as (t now appears on or rida Limited Liability Company)	ur records:)	ESTATE .
The Articles of Organization for this Limited Liability Florida document number L10000032192	y Company were filed on MARCH		•
This amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the l	imited liability company here:		
he new name must be distinguishable and contain the words "I	Limited Liability Company," the designal	tion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>	
Principal office address MUST BE A STREET AD	DRESS)		···
			<u></u>
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			
3. If amending the registered agent and/or registe		s, <u>enter the name c</u>	of the new regist
gent and/or the new registered office address here	<u>e</u> :		
Name of New Registered Agent:			<u></u> .
New Registered Office Address:			
	Enter Florida str		
	City	Florida	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 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	7 _ □Add
			Remove
			_ □Change
MGR	AMY M. BLAKE	2809 S OCEAN BLVD, HIGHLAND BCH, FL 3348	7 _ ≣ Add
			_ Remove
			_ Change
AMBR	The Blake Family Partnership LLLP	2809 S OCEAN BLVD, HIGHLAND BCH, FL 3348	7 _ ≣Add
			_ □Remove
			_ 🗆 Change
			_ 🗆 Add
			_ 🗆 Remove
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			_ 🗆 Add
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Effective date, if other than the date of filing:				
fan 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 60 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. 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 dis filed.				
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/) Cincolner of a marriage or with a first desired and the control of the contro		Bake	Our m	(
Signature of a member or authorized representative of a member	or a member		Signa 🕖 Signa	

Filing Fee: \$25.00