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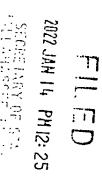
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration So Division of Cor							
	GRABER HOMES, LLC						
SUBJECT:	ted Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	BRANDON K GRABER						
		Name of Person	···········				
	GRABER HOMES, LLC						
		Firm/Company					
	5423 11TH ST						
		Address					
	SARASOTA FL 34232						
		City/State and Zip Code					
	OFFICE@GRABERCO.CO	M o be used for future annual report noti	Carelan)				
<b></b>	·	·	meanon)				
For further information c	oncerning this matter, please ca	III:					
BRANDON K GRABEI	₹	941 330-3808 at ( )					
Name o	f Person	Area Code Daytin	e Telephone Number				
Enclosed is a check for the	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)				
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ction				
Division of Corporations		Division of Corporations					

P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JAN 14 PH 12: 25

GRABER HOMES, LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records:) The Articles of Organization for this Limited Liability Company were filed on  $\frac{11/12/13}{1}$ Florida document number L13000158115 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GRABER CO. LLC 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_\_\_, Florida \_\_\_ City

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
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			□Change
			□Remove
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effective	ite, if other tha date is listed, the da date inserted in t	ite must be spe	ecific and ca	annot be prior	r to date of fil	ng or more tha	n 90 days after	r filing.) Pursuar s date will not	nt to 605.02 be listed:
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		RABER							