## Division of Corporations Electronic Filing Cover Sheet

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(((H21000461809 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : 120010000078

: (407)843-8880

Phone

Fax Number

: (407)244-5690

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RICHBYRD GUNTER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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A. LUNT

## **COVER LETTER**

TO: Registration Section Division of Corporations H210004618093

SUBJECT:	RichByrd Gu	nter, LLC			
-		Name of Limi	ted Liability Company		
The enclosed	Articles of A	mendment and fee(s) are subr	nitted for filing.		
		dence concerning this matter t			
		Tucker Thoni			
			Name of Person		_
		GrayRobinson, P.A.			
			Firm/Company		_
		301 E. Pine Street, Suite #1	400		
		<u> </u>	Address		<u> </u>
		Orlando, FL 32801			
			City/State and Zip Code		_
		tucker thoni@gray-robinson			<b>.</b>
		E-mail address: (t	o be used for future annual repo	rt notification)	
For further in	ıformation cor	ncerning this matter, please ca	dl:		
Tucker Thon	ı <b>i</b>		407 843-88		
Name of Person		Area Code D	aytime Telephone Numb	oer	
Enclosed is a	check for the	following amount:			
□ \$25.00 P	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certifi Ocrtifi	Filing Fee, cate of Status & ed Copy nal 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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RichByrd Gunter, LLC				
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our liability Company)	r records.)	
The Articles of Organization for this Limited Lia Florida document number L15000137515  This amendment is submitted to amend the follo	ability Company		and assimed C 20	
A. If amending name, enter the new name of	the limited liab	ility company here:	公司 17	
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	able:	32134 Peachtree Lane		
(Principal office address MUST BE A STREE		Sorrento, FL 32776		
		32134 Peachtree Lane		
Enter new mailing address, if applicable:		Sorrento, FL 32776		
(Mailing address MAY BE A POST OFFICE)	<u> </u>			
B. If amending the registered agent and/or ragent and/or the new registered office address  Name of New Registered Agent:	ss here:	address on our records		
New Registered Office Address:	301 E. Pine St	reet, Suite #1400		
	Enter Florida street addi			
	Orlando	City	, Florida <sup>32801</sup> Zip Code	
New Registered Agent's Signature, if changing I	Registered Agent	·		
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	ed agent and agi er and complete stered agent as registered office	ree to act in this capac performance of my di provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is	
	If Chi	inging Registered Agent. Si	gnature 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:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Tucker H. Byrd	180 Park Avenue North 2A	□ Add
		Winter Park, FL 32789	≅Remove
			☐ Change
			□R=move
			Change
			bha 🗆
			□Remove
			Change
			□Add
			□Remove
			Change
			∏Add
			□Remove
			Change
	A g. Mandayye - Vision		□Add
			□Remove
			H21000461809 3

f ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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Effect	ive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) F	)	יכ מחמי	7.75
if an et Note:	ective date is used, the date must be specific and cannot be prior to date of filing or indire than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date w	ill not be lis	sted as	, (. 3 tl
	ent's effective date on the Department of State's records.			
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	90th day aft	er the	
rd is fi	led,			
	2021			
<b>~</b> ·	177 17			
Dated				
Dated	Signature of a member or authorized representative of a member			

Typed or printed name of signee