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2022 OCT -4 PM 3:59

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GRAND OAKS APARTMENTS OF NSB, 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:

ROBERT YURKOWSKI

Name of Person

MARK R. HALL, P.A.

Firm/Company

124 FAULKNER STREET

Address

NEW SMYRNA BEACH, FL 32168

City/State and Zip Code

ROBERT@MHALLPA.COM

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

For further information concerning this matter, please call:

ROBERT YURKOWSKI

386 423-1221
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 OCT -4 PM 3: 59

GRAND OAKS APARTMENTS OF NSB, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 10, 2015 and assigned Florida document number L15000190080

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability 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:

6956 VINTAGE LANE

(Principal office address MUST BE A STREET ADDRESS)

PORT ORANGE, FL 32128

Enter new mailing address, if applicable:

6956 VINTAGE LANE

(Mailing address MAY BE A POST OFFICE BOX)

PORT ORANGE, FL 32128

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	KEVIN L. WRAY	2036 GUAVA DRIVE	<input type="checkbox"/> Add
		EDGEWATER, FL 32141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BRANSON L. WRAY	6956 VINTAGE LANE	<input type="checkbox"/> Add
		PORT ORANGE, FL 32128	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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