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(Re	equestor's Name)	
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COVER LETTER

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TO: Registration Section Division of Corporation			
SUBJECT: $D \in$	Jereny Gru	mend LCC	
	Name of Limite	d Liability Company	
The enclosed Articles of Ame	endment and fee(s) are submi	itted for filing.	
Please return all corresponde	•	-	
	Jereny	Name of Person Ny Grunce 10; U Firm/Company	
•		Name of Person	
	Dr. Jeren	ny Grunceid; W	C
		Firm/Company	
		er Train #	
	Ŭ	Address	
-	Deliay	Beach, Pl	33484
	drjerem	Beach, FC City/State and Zip Code y grunfeld & ya	noo.con
_	E-mail address: (to	be used for future annual report notific	ration)
For further information conce			
Ja / mc Name of Per	1 Grunceld	at (<u>561)</u> <u>271 - 8</u> Area Code Daytime	Telephone Number
Enclosed is a check for the fo			
\$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dr. Jeremy Grunceid,	
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Company)	pears on our records.) ny)
e Articles of Organization for this Limited Liability Company were filed on orida document number <u>LIGOOOQ23379</u>	2131201 and assigned
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company	y here:
new name must be distinguishable and contain the words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	
ter new mailing address, if applicable:	• • • • • • • • • • • • • • • • • • • •
ailing address MAY BE A POST OFFICE BOX)	·-
	<u> </u>
	Ċ
	F-
If amending the registered agent and/or registered office address gistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	on our records, enter the name of the
Name of New Registered Agent: New Registered Office Address:	on our records, enter the name of th
Name of New Registered Agent: New Registered Office Address:	

If Changing Registered Agent, Signature of New Registered Agent

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.

MGR = M $AMBR = M$	Janager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			☐ Change
		 	☐ Add
			☐ Remove
		·	Change
		-	
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10124 1 , 2017. Juny Sanfur	PLEASE CHANGE CATEGOR	Y TO.
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Signature of a member or authorized representative of a member	10/34 / 2017	
Signature of a member or authorized representative of a member Termy Gunlud	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	

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Filing Fee: \$25.00