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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Gray Horse Interiors, 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:	
John Pharr, JR Name of Person	_
John Pharr, CPA Firm/Company	_
105 E. Gregory Square	_
Pensacola, FL 32502— City/State and Zip Code	
Tohn @ Pharr CPA, Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
John Pharr at (_850_) 435-8844 Name of Person Area Code Daytime Telephone Numb	To Di
Enclosed is a check for the following amount:	D 2: 0b
(additional copy is enclosed) Certific	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grey Horse Interiors, LL: (Name of the Limited Liability Companion (A Florida Limited Liability)	y as it now appears on our records.)	
(A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>2/5/16</u>	and assigned
Florida document number <u>L1600025556</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Gray Horse Interiors, LLC The new name must be distinguishable and contain the words "Limited Liabili		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	1306 E. Cervantes	
(Principal office address MUST BE A STREET ADDRESS)	Pensacola, FL 32501	
Enter new mailing address, if applicable:	1306 E. Cervantes	
(Mailing address MAY BE A POST OFFICE BOX)	Pensacola, FL 32501	
B. If amending the registered agent and/or registered of		~~
registered agent and/or the new registered office address here		
	HAS	
Name of New Registered Agent:	%.20 m ≺ m	2
New Registered Office Address:	Enter Florida street address	
New Registered Office Address.	Enter Florida street address	\(\text{i} \)
	→ Florida	06
	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 Name **Type of Action Title Address** _□ Add _□ Remove ☐ Change □ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change ≅ □ Ada -2 U Ÿ ☐ Change □ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change

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Filing Fee: \$25.00