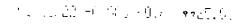
## LV6000220764

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(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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A. BUTLER FEB - 4 2022

## **COVER LETTER**

TO:

(C): Registration Section Division of Corpo	ion rations		
SUBJECT: <u>GR</u>	Name of Limite	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
	Russell S	Name of Person	
	RRND FIC	Pirm Company	
	_	or Terrace Address	
	Bicc Ro	iton Pr 334	186
	E-mail address: (to	City/State and Zip Code  Spi Zussell F o boused for future annual report notific	esplore gravil
For further information co	ncerning this matter, please ca		
PUSSULI Name of	SpiCe:	at (SU) 574 Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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 S	ection	Street Address: Registration Secondinision of Corp	
Division of Co P.O. Box 632	=	The Centre of T	
Tallahassee, F		2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>C</u>
now appears on our records.) Company)
filed on 12.06.16 and assigned
ompany here:
npany," the designation "LLC" or the abbreviation "L.L.C."
ss on our records, <u>enter the name of the new registered</u>
Enter Florida street address
ity Ziv 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.

City

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
il <u>le</u>	Russell Spicer	III Walnut Terroc	□ Add
monage	-	1111 Walnut Terror Borg Ration F1334	Sc Decmove
			□ Change
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			□ Add
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Note: If the	date, if other than the date of filing:
e record sp rd is filed.	occifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	1.19.22
	Signature of a member or authorized representative of a member
	Rossell Spice