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S. YOUNG

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	wth Grassy Name of Lim	Lake Road LLC ited Liability Company	
	,		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	1	Rickman Name of Person	, , , , , , , , , , , , , , , , , , ,
	Low Office	es of Justin K	ckman
	780 Alm	acnd Street Address	7 PH 2: 39
	Cleemon	FT 34711 City/State and Zip Code	31 9
		d Construction to be used for future annual report notifi	net ?
For further information c	oncerning this matter, please ca		Culton)
Justi Name o	n Rickman		Telephone Number
Enclosed is a check for the	ne 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)
MAIL	ING ADDRESS:	STREET/COURT	TR ADDRESS

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South Grassy  (Name of the Limited Liability C	Company as it now appears on our records.) mited Liability Company)
	pany were filed on Februay 6, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	I 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:	NIA
(Principal office address MUST BE A STREET ADDRES	<u>is)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, <u>enter the name of the new s here</u> :
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Enter Florida street address
	, Florida
	•
New Registered Agent's Signature, if changing Registered A	
provisions of all statutes relative to the proper and comp	d agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and at as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ron Drummonds and	18235 Rose Street	Add
	Audrey Drumonds, Tenants by the Entirety	Growland FL 34736	Rçmove
	C(110,2 )		Change
MGR	Carey J. Hubbard Family TRUST	1795 E. Hwy 50	Add
	Family TRUST	Clermont FL 34711	Remove
			Change
MGR	Ron Drummonds	18235 Rose Street	Change Add 3
		Groveland FL 34736	Remove:
			Change 👸
MUR	Audrey Drummonds	18235 Rose Street	🗆 Add
		Groveland FL 34736	C Remove
			Change
			🗆 Add
			□ Remove
			☐ Change
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			☐ Remove
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Effective date, if an effective date in Note: If the date document's effective date.	inserted in this	block does not	meet the appli	icable statutory	g or more than 90 da filing requiremen	(optional) ys after filing.) Pursu nts, this date will n	iant to 605.0207 ot be listed as
e record spec The 90th da	cifies a delay y after the re	ed effective ecord is filed	date, but n l.	ot an effect	ve time, at 12	2:01 a.m. on th	ie earlier of
Dated May	ch b		, <u>201</u>	<u>7</u> .			
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Filing Fee: \$25.00