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## **COVER LETTER**

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		COVER EETTER	, S
TO: Registration Division of C			•
Grout Re	estoration Group LLC		
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Howard F Eddy(III)		
		Name of Person	
	Grout Restoration Grou	p LLC	
		Firm/Company	·-
	155 Vintage Cir. Unit 20	14	
		Address	<u></u>
	Naples FL 34119		
		City/State and Zip Code	<del></del>
	heddy@groutgroup.com		
		to be used for future annual report not	ification)
ror further information	concerning this matter, please of	all:	
Howard F Eddy III		239 777-4267	
Name	of Person		ne 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 enclused
Mailing Addro	acc.	C44 & 3.4	

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

Grout Restoration Group LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records. Liability Company)	)
he Articles of Organization for this Limited Liability Company	were filed on 4/26/17	and assigned
lorida document number L17000092457		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liahi	lity Company," the designation "LLC"	or the abbreviate "L.L.C."
inter new principal offices address, if applicable:	155 Vintage Cir Unit 204	ECKL TALL
Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34119	> C
		9 P
nter new mailing address, if applicable:	155 Vintage Cir Unit 204	PH 2: 5
Mailing address MAY BE A POST OFFICE BOX)	Naples, FL 34119	<u>π</u> σ
If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter tl</u>	ne name of the new regist
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	City	Zin 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>	Address	Type of Action
MGR	Howard F Eddy(II)	5991 Hammock Isles Circle	≣Add
		Naples, FL 34119	Remove
			□Change
			🗀 Add
		<del></del>	Remove
			□Change
			□Add
			□ Remove
			□Change
<del></del>			DAdd
			□ Remove
			□Change
			□Add
			□ Remove
			Change
			DAdd
		<del></del>	□ Remove
			□ Change

Effective date, if other than the date of filing:    December 14th 2019						
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Filing Fee: \$25.00