# 217000106951

| (Req                                    | uestor's Name)   | <u>_</u>  |  |  |
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|                                         |                  |           |  |  |
| (Address)                               |                  |           |  |  |
|                                         | ress)            |           |  |  |
| (Add                                    | 1855)            |           |  |  |
| (City                                   | /State/Zip/Phone | #)        |  |  |
| PICK-UP                                 |                  | MAIL      |  |  |
| (Business Entity Name)                  |                  |           |  |  |
| (Document Number)                       |                  |           |  |  |
| Certified Copies                        | Certificates     | of Status |  |  |
| Special Instructions to Filing Officer: |                  |           |  |  |
|                                         |                  |           |  |  |
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Office Use Only

# 900323767759





FEB 09 2019

## **COVER LETTER**

### TO: Registration Section Division of Corporations

Grecon & Voorory SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

at (<u>94/</u>) <u>81Z-5Z56</u> Area Code Daytime Telephone Number WILLAM GREGORY

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 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

| GREGER & Novery 1                                                                                                           | y as it now appears on our records.)                        |               |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------|
| (A Florida Limited Li                                                                                                       | ability Company)                                            |               |
| The Articles of Organization for this Limited Liability Company w<br>Florida document number <u>L1700010695</u>             | vere filed on $\frac{5/15/17}{15}$ and assign               | ncd           |
| This amendment is submitted to amend the following:                                                                         |                                                             |               |
| A. If amending name, enter the new name of the limited liabil                                                               | ity company here:                                           |               |
| C til                                                                                                                       |                                                             |               |
| The new name must be distinguishable and contain the words "Limited Liabilit                                                | ty Company," the designation "LLC" or the abbreviation "LLC | 0."           |
| Enter new principal offices address, if applicable:                                                                         |                                                             | <u></u>       |
| (Principal office address MUST BE A STREET ADDRESS)                                                                         |                                                             | <u> </u>      |
|                                                                                                                             |                                                             |               |
| Enter new mailing address, if applicable:                                                                                   | · · · · · · · · · · · · · · · · · · ·                       | $\frac{1}{2}$ |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                                  |                                                             |               |
| Cintaining ladar commits from the state of the state                                                                        |                                                             | .ب<br>ې       |
|                                                                                                                             |                                                             | . 0           |
| B. If amending the registered agent and/or registered off<br>registered agent and/or the new registered office address here | fice address on our records, <u>enter the name of</u>       | the new       |
| registered agene and of the new egeneration                                                                                 | -                                                           |               |
| Name of New Registered Agent:                                                                                               |                                                             |               |
| New Registered Office Address:                                                                                              | Enter Florida street address                                |               |
|                                                                                                                             | Florida                                                     |               |
|                                                                                                                             | 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

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| <u>Title</u> | Name         | Address                                   | Type of Action |
|--------------|--------------|-------------------------------------------|----------------|
| MGR          | ERIK NODERRY | 25310 615TAUE E                           | Add            |
|              |              | 25310 61STAUE E<br>MARKEN CITY-, FL 34251 | Remove         |
|              |              |                                           | Change         |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

| - <u></u>             |       |       |                                       |
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

<del>minary</del> Dated ( l Signature of a member or authorized representative of a member William Gargory Typed or printed name of signee

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Filing Fee: \$25.00