## 117000129740

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## **COVER LETTER**

TO:	Registration Se Division of Corp				
		THE GREAT, LLC			
SUBJEC	-1; <u> </u>	Name of Limi	ted Liability Company		
The encl	iosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please n	eturn all correspo	ndence concerning this matter (	to the following:		
		DAVID M. TURNER			
			Name of Person		
		TURNER & ASSOCIATE	S, LLP		
			Firm/Company		
200 So. Biscayne Blvd., Suite 1770					
			Address		
		Miami, FL 33131			
			City/State and Zip Code	·	
		elizabethferritto@yahoo.com	n to be used for future annual report notif	cation)	
For firth	her information c	oncerning this matter, please or			
	M. Turner	<b></b>	305 377-0707		
Name of Person		at () Area Code Daytime	Telephone Number		
Enclose	d is a check for the	ne following amount:			
	.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		ING ADDRESS:	STREET/COURI Registration Sectio		

Division of Corporations P.O. Box 6327

TO:

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

201700
1/3EP_1
PM 3: 17  RILAHASSEE FLORIL

AMERICA THE GREAT, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited I.	Liability Company	were filed on June 14, 20	and assigned		
Florida document number L17000129740	<del></del> •				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		200 So. Biscayne Blvd.			
(Principal office address MUST BE A STREET ADDRES		Suite 1770			
		Miami, FL 33131			
Enter new mailing address, if applicable:		200 So. Biscayne Blvd.			
(Mailing address MAY BE A POST OFFICE	ROX)	Suite 1770			
Manny undress MATE DE ATTOST OF FICE	<u>13037</u>	Miami, FL 33131			
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		<b>2</b> :	cords, enter the name of the new		
Name of New Registered Agent: New Registered Office Address:	200 So. Biscavi	ne Blvd., Suite 1770	<del>.</del>		
		Enter Florida street	address		
	Miami		_, Florida <sup>33131</sup>		
		City	Zip Code		
New Registered Agent's Signature, if changing	Registered Agent:				
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as reg	er and complete	performance of my duti	es, and I am familiar with and		

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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>	Name	Address	Type of Action
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ffective date, if ot an effective date is list interior ocument's effective	erted in this bloc	k does not me	et the applicab	date of filing or m le statutory filin	ore than 90 days at g requirements, (	otional) der filing.) Pursu his date will no	ant to 605.0207 (3 of be listed as th
e record specifie The 90th day a	es a delayed e fter the recor	effective da d is filed.	te, but not	an effective t	ime, at 12:01	i a.m. on th	e earlier of:
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Pated <u> </u>			mber or surbon	ed representative	of a member		

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