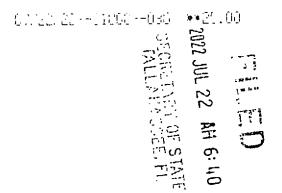
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A. BUTLER

OCT 1 / 2022

## **COVER LETTER**

**Division of Corporations** GRANT DEVELOPMENT LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Joachim Kantenwein Name of Person Grant Development LLC Firm/Company 21740 S Tamiami Trl Ste 112 Address Estero, FL 33928 City/State and Zip Code thimo@manatee-group.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Thimo Rohland 239 278-1452 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & **■ \$25.00** Filing Fee Certificate of Status & Certificate of Status Certified Copy

Mailing Address:

Registration Section

TO:

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

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certified Copy

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

GRANT DEVELOPMENT LLC

2022 JUL 22 AM 6: 40

****	ty Company as it now appears on our i a Limited Liability Company)	UEURETAL OF OFFI
The Articles of Organization for this Limited Liability C Florida document number 117000148008		FALLARIS STATE and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
	d office address on our records, <u>o</u>	enter the name of the new register
	d office address on our records, o	enter the name of the new register
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	d office address on our records, o	
agent and/or the new registered office address here:  Name of New 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 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>	<u>Address</u>	Type of Action
MMBR	Joachim Kantenwein	21740 S Tamiami Trl	
			□Add
		Suite 112	
			■Remove
		Estero, FL 33928	7.00
		31710 CT	□ Change
AMBR	Joachim Kantenwein	21740 S Tamiami Trl	■Add
		Suite 112	
			□Remove
		Estero, FL 33928	
			□Change
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ffective date, if other than an effective date is listed, the date store: If the date inserted in this locument's effective date on the	must be specific and cannot is block does not meet th	ie applicable statuto	ing or more than 90 day	( <b>optional)</b> s after filing.) Pursuant to ( ss, this date will not be l	505.0207 ( isted as tl
record specifies a delayed effe d is filed.	ective date, but not an eff	fective time, at 12:0	II a.m. on the earlier	of: (b) The 90th day a	fter the
19 July	202	2			
Dated	<del>/</del> : -	· ·			

Typed or printed name of signee