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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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## **COVER LETTER**

SUBJECT: <u>H</u> Q	CASIS Granka Name of Limit	d Mou L, L, C. ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Acress G	Name of Person  (and Now, 1)  Firm Company	L.L.C.
	11297 Ba	Les Lerrace	
	Johns Cre	Address  10 K GA 3009  City/State and Zip Gode	7
	eking @ ad	Stankon OYO be used for future annual report potific	cation)
For further information c	oncerning this matter, please ca	ll:	
Ebony Namyo	hing r Person	at ( <u>\$ 13</u> ) 8 46 Area Code Daytime	D. 6767 Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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:

TO:

Registration Section Division of Corporations

> 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

HOORS Granded Mow. (Name of the Limited Liability Compa	nv as it now appears on our records.)  Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>£17000173849</u> .	were filed on $8/5.20/7$ and assigned
This amendment is submitted to amend the following:	(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  of tor this Limited Liability Company were filed on 8/15/20/7 and assigned 1/20/0/13/889.  It to amend the following:  The new name of the limited liability company here:  Inable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Is address, if applicable: 1/297 Baks Terracle  UST BE A STREET ADDRESS) Dhas Creek, BA 30097  Is, if applicable: 1/297 Baks Terracle  A POST OFFICE BOX) Tohns Creek, BA 30097  Setered agent and/or registered office address on our records, enter the name of the new enew registered office address here:  Istered Agent: 4004 Ang EAST Feast Formula (STREET)  The stered Agent: 4004 Ang EAST Feast Formula (STREET)  The stered Agent: 4004 Ang EAST Feast Formula (STREET)  The stered Agent: 4004 Ang EAST Feast Formula (STREET)  The stered Agent: 4004 Ang EAST Feast Formula (STREET)  The stered Agent: 4004 Ang EAST Feast Formula (STREET)  The stered Agent: 4004 Ang EAST Feast Formula (STREET)  The stered Agent: 4004 Ang EAST Feast Feast Formula (STREET)  The stered Agent: 4004 Ang EAST Feast F
A. If amending name, enter the new name of the limited liab	ility company here:
Enter new principal offices address, if applicable:	ity Company," the designation "LLC" or the abbreviation "L.L.C."  11297 Gales Terrale  10hn & Orack GA 3009 Z
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11297 Gates Terrace Johns Creek, BA 32097
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	
Pa/me	Enter Florida street address  Florida  Street Address  Florida  Street Address  Zip Code: 000000000000000000000000000000000000

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 = At	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Pres	Ebony King	10002 18th Ave F. Palmetto, FT 34221	Add
		Palmetto, FT 34221	Remove
			Change
MGR	Denise Thompson-	14734 Hartford Run Dn Orlando, Fl. 32828	<u>i</u> € Add
	J'AGGET	VIII 100, F1. 32028	Remove
			Change
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n effectiv	late, if other than the date of filing: e date is listed, the date must be specific and cannot l	be prior to date of filing o	r more than 90 days after filing.)	Pursuant to 605.020
	e date inserted in this block does not meet the effective date on the Department of State's re-		ling requirements, this date v	till not be listed a
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record	specifies a delayed effective date, b	out not an effective	e time, at 12:01 a.m. o	n the earlier o
	h day after the record is filed.		,	
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Filing Fee: \$25.00