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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 3303 DDG GNACK CC 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:	
STEPHEN S. GRIMME	
3303 DDG GMCE, CLC	
713 BAYSHORE DRIVE	
TARPON SPNINGS, FC 34689 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
STROHEN S. Gnimme at (727) 946 6700 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Status Solution Solut	

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

3303 DAG	GMCR, LL	2020 29 7"	9: 09
(<u>Name of the Limited Liabil</u> (A Florid	GMCR LL ity Company as it now appear a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>L1700017963</u>	Company were filed on		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company he	ere:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the d	esignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
		**	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			·
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our re	ecords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	ida street address	
	City	, Florida	Zip Code
	*		rap Come

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
AMER	COURTNEX M. GRIMMA	4541 SW 44th CONE	🗆 Add
		GAWESVILLE, FL	X Remove
		32608	□Change
Amor	DONACO E. GRIMME	4 CHATHAM DRIVE	🗆 Add
		CINNAMINSON, N.J.	X Remove
		08077	□Change
			□Add
			🗆 Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			🗆 Remove
		🗆 Add	
			□Remove
			□Change

	
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n effec O te: If	tive date, if other than the date of filing:
ecord is filed	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 d.
ted _	JM 24,2020 2020
	Signature of a member or authorized representative of a member STEPHEN S. GLIMBIC Typed or printed name of signee

Filing Fee: \$25.00