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VELAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

GREGORY M PREY LLC

SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	GREGORY M PREY		
	-	Name of Person	
	GREGORY MICHAEL	PREY LLC	
	·	Firm/Company	
	95024 BARCLAY PLA	CE	
		Address	
	FERNANDINA BEACE	1 FL 32034	
		City/State and Zip Code	
	GPREY@ICLOUD.COM		
	E-mail address: (to be used for future annual report notific	ation)
For further information co	oncerning this matter, please ea	all:	
GREGORY M PREY		904 910-7715 at ()	
Name of	Person	Area Code Daytime T	Telephone Number
Enclosed is a check for th	e following amount:		
S23.00 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

GREGORY M PREY LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) OCTOBER 10, 2017 The Articles of Organization for this Limited Liability Company were filed on ___ and assigned Florida document number __L17000209934 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GREGORY MICHAEL PREY, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if n			
			
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E. Effective date, if other than the date of filing:	fter filing.) Purs	uant to not be	605.0207 (3)(listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:0: (b) The 90th day after the record is filed.	1 a.m. on ti	he ea	rlier of:
Dated Cechical 151 2017			
Signature of a member or authorized tepresentative of a member		<u> </u>	
GREGORY M PREY			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00