L18000040956

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COVER LETTER

TO: Registration Sc Division of Cor					
RAVELLO SUBJECT:	GROUNDSTONE, LLC				
5CbJF,C,1,	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ondence concerning this matter	-			
	MICHAEL J. RYAN				
		Name of Person			
	RYAN LAW GROUP, PL	I.C			
	· · · · · · · · · · · · · · · · · · ·	Firm Company		SI SI	
	636 U.S. HIGHWAY 1, S'	ΓΕ. 110		ECRE B	
		Address			
		ETARY OF S			
	City/State and Zip Code MIKERYAN32645@YAHOO.COM				
		to be used for future annual report notific	cation)	PH 3: 25 FISTATE FILORIDA	
For further information c	oncerning this matter, please co	all:			
MICHAEL J. RYAN		561 881-4447			
Name o	d Person	at ()	Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	ING ADDRESS:	STREET/COURIE			

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAVELLO GROUNDSTONE, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on 2/14/2018	and assigned
Florida document number L18000040956		_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	pility company here:	
RIVELLA GROUNDSTONE, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		E CR
Enter new mailing address, if applicable:		SSE 16
Mailing address MAY BE A POST OFFICE BOX)		7 3 O
		Q
		25 H 25
3. If amending the registered agent and/or registered of	ffice address on our records	, enter the name of the n
egistered agent and/or the new registered office address her	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida
The state of the s	City	Zip Code

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 amonding 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

Title	Name	Address	Type of Action
			Add
			Remove
			Change
			☐ Remove
			☐ Change
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ffective date, if other than the am effective date is listed, the date must	date of filir	10-15-201 ng:	8		(o	ptional)		
an effective date is listed, the date must lote: If the date inserted in this blo ocument's effective date on the De	ock does not	meet the appli	cable statu	iling or more tory filing r	than 90 days requirements,	ifter filing.) I this date w	'ursuant to ill not be	605.0207 listed as
e record specifies a delayed The 90th day after the reco	effective ord is filed	date, but n i.	ot an effi	ective tin	ne, at 12:0	1 a.m. o	n the ea	rlier o
ated OCTOBER 15		2018	·					
		i member or aut						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00