L18000077759

(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



200372681152

09/03/21--01009--004 **25.00

2021 SEP +3 7 7: 60

n pruce SEP 15 WI

COVER LETTER

TO: Registration Section Division of Corporation	rations
SUBJECT:	Gregory Howard Land Holdings II, LL Name of Limited Liability Company
The enclosed Articles of An	nendment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	James Gregory Howard Name of Person
	Finn/Company
	20020 Veterans Blud. STE17
	Port Charlotte, Fl. 33954 City/State and Zip Code
	greghoused @concast.net E-mail address: (to be used for future annual report notification)
	cerning this matter, please call:
James Green	erson Area Code Daytime Telephone Number
Enclosed is a check for the t	following amount:
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$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 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

(<u>Name of the Limited I</u> (A I	Horida Limited Liability Company)			
The Articles of Organization for this Limited Liabi Florida document number <u>L1800007777</u>	lity Company were filed on $3/26/200$	<u>8</u> and	l assigr	aed
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company here:			
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the a	abbreviation	n "L.L.(7."
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered and/or the new registered office address h	stered office address on our records, enter the na	me of the	new r	egistered
Name of New Registered Agent:			- 	
New Registered Office Address:			621	
New Registered Office Rangess.	Enter Florida street address		1. [2]	
-	, Florida	Zip C	ode_	
New Registered Agent's Signature, if changing Regi	istered Agent:	•	1.72	رث
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register	igent and agree to act in this capacity. I further a and complete performance of my duties, and I am red agent as provided for in Chapter 605, F.S. Or sistered office address, I hereby confirm that the l	i familiar r. if this c	with a locum	and ent is

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
MGR	Roseum Howard	20020 Veterans Blud. S	E17 Add
		Port Charlotte, Fl. 330	754 Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
·			□Remove
			□Change
			Remove Change:
			J
		<u> </u>	□Remove
			□Change
			🗀 Add
			□ Remove
			□Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
•	
•	
,	
	2021 123
	7/ (7) (7) (7) (7) (2) (2)
	デート で・トー い
(If an ef Note:	fective date, if other than the date of filing: [fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco	rd 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 iled.
Dated	8/30/7021
	de a sant
	Signature of a member or authorized representative of a member J. Gregory Howard
	Typed or printed name of signee

Filing Fee: \$25.00