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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:	853 G	ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subr	mitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	Ant	Name of Person	
	85	3 Grits LLC Firm/Company	
		On'zuka Cou	7_
	Palm t Anthony E-mail address: (t	City/State and Zip Code OSOFIELD Code be used for future annual report hotifica	34683 41/1.com
For further information cond	cerning this matter, please ca	II:	
AHWM Name of Po	Sofield erson	at (20) 783 Area Code Daytime To	5287 elephone Number
Enclosed is a check for the f	following amount:		
\$25.00 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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our records. (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L 18000106967</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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:

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
AMBR	Harold Sofield	2757 Onizuka Court Palm Harbor, FL 39	Add
		Palm Harbor, FL 34	Remove
			Change
			🗆 Add
			Remove
			Change
			🗆 Add
			☐ Remove
			Change
			Remove
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			☐ Remove
			Change
			Add
			□ Remove
			Change

n effectiv e <u>te:</u> If th	date, if other than the date of filing:
record he 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the record is filed.
ted	9/29.2019.
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00