L18000146696

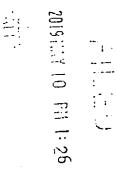
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Amend/Mame

MAY 21 2019 I ALBRITTON

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Jessic Name of Limi	ta Brown's Group, ited Liability Company	LLC
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
		Joss' (a, Braw)	<u>.</u>
	Jessic	a Brown's Grayp, LLC	<u>. </u>
	2000 Œ	3 d Orive	
		MeSted, FL 33033 City/State and Zip Code	
	Lewica Brail E-mail address: (t	UNS GOOD OF GOOD OF USED FOR THE MINUS REPORT NOTIFIED	cation)
For further information co	oncerning this matter, please ca	ill:	
Jessi C Name of	a Brown Person	at (305) 725-7 Area Code Daytime	7 238 Telephone Number
Enclosed is a check for the \$25.00 Filing Fee	e following amount: \$\Boxed{\Boxesia} \\$30.00 \text{ 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 32307

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jessi cac Brow	in's Group, LLC	
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on ed Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comparison document number $\underline{L18000146699}$.	any were filed on	one 14, 2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	5 Gravo, LLC	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	20155
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2019:1:10 PH 1: 76
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		r records, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	trees address
		, Florida
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Fitie</u>	<u>Name</u>	Address	Type of Action
AMBR	Jessica Brown	2000 SE 30 Drive	DD∕Add
		Homestead, FL 33033	□ Remove
			Change
AMBR	Lakinya Francis	2000 DE 30 Drive	D\Add
		Homestead, FL 33033	□ Remove
			Change
		 	Add
			□ Remove
			Change
			
			☐ Remove
			ப் Change
			Remove
			G Change
			🗖 Adc
			☐ Remove
			Change

PI AIII	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
If an el Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.
Date:	May 7th 2019
	Signature of a member or authorized representative of a member
	a herman Zatu A

Page 3 of 3

Filing Fee: \$25.00