L18000170764

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COVER LETTER

TO: Registration Se Division of Con		ţ	
	WAY, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	Traine William	med Blacking Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ZACHARY AZEVEDO		
		Name of Person	
	GRASSY WAY, LLC		
		Firm/Company	
	708 W OCEAN DR		
		Address	
	BOYNTON BEACH, FL.	33426	
		City/State and Zip Code	
	INFO@ASGTAX.COM		
r en re		to be used for future annual report no	tification)
For further information c	concerning this matter, please c	all:	
ZACHARY AZEVEDO		561 \$43-0219 at ()	
Name o	of Person	at () Area Code Daytii	me 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration (Street Address: Registration S	ection
Division of C	Corporations	Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	FL 34314	2415 N. Monro	oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

GRASSY WAY, LLC

(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con- Florida document number 1.18000170764	npany were filed on 07/16/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
AZEVEDO ENTERPRISES, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	SS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the</u>	SECRE NAIL ALLA ALLA ALLA ALLA ALLA ALLA ALLA
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	City	Zip Code

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 Aúthorized 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
			□Add
			□Remove
			DChange
			□Add
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Effective date, if other than the date of filing: (aptional) (In an effective date, if other than the date of filing: (In an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 645.0207 Note: (If the date inserted it this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. (In a control of the statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. (In a control of the statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. (In a control of the statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. (In a control of the statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	_			-		
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Signature of a member or authorized representative of a member	Dated		2019	. •		
Signature of a member or authorized representative of a member			 ·			

Filing Fee: \$25.00