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COVER LETTER

	Registration Sc Division of Cor						
SUBJEC		en Real Estate, LLC.					
SUBJEC		Name of Lim	nited Liability Company				
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please ret	urn all correspo	ondence concerning this matter	to the following:				
		Wanda Sawyer					
		Grey Haven Real Estate, L	Name of Person				
		Gray Flavori Flour Editio, E				2019	
			Firm/Company		- · ·	2019 JUN 27	-
			Address			1 :11 R4 1	i r
		wanda@greyhavenrealesta			1 -	: 47	
For furthe	er information c	E-mail address: (oncerning this matter, please c	to be used for future annual report noti alt:	fication)			
Wanda S			850 933-3146				
	Name o	f Person		e Telephone Number			
Enclosed	is a check for th	ne following amount:					
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status		
	Registr	ING ADDRESS: ation Section	STREET/COURI Registration Section Division of Correct	n			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grey Haven Real Estate, LLC.			
(Name of the Lim	ited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.)	
The Articles of Organization for this Limited I Florida document number L18000176372			and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability com	pany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compa	ny," the designation "LLC" or the abbr	
Enter new principal offices address, if appli	cable:	· 	2019
(Principal office address MUST BE A STRE	ET ADDRESS)		
			27
			一 月
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered office add office address here:	ress on our records, <u>enter th</u>	ne name of the ne
Name of New Registered Agent:	Wanda Sawyer		
New Registered Office Address:			
		Inter Florida street address	
	Tallahassee	, 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, 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	Wanda Sawyer		Add
			□ Remove
	William Busby		☐ Change
MGR			Add
			■ Remove
			☐ Change
			20.Add
			CrAdd
			☐ Change
			□ Remove
			☐ Remove
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing requir document's effective date on the Department of State's records.	90 days after filing.) Pursuant to 60	
the record specifies a delayed effective date, but not an effective time, a) The 90th day after the record is filed.	it 12:01 a.m. on the earl	ier of:
Dated Sure 24 2019. Signature of a member or authorized representative of a member of a m	mber	
Wanda Sawyer		
Typed or printed name of signee	<u> </u>	

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Filing Fee: \$25.00