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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DAVID C. HASTINGS, CPA, PA

Account Number : I20000000168 Phone

: (727)322-0909

Fax Number

: (727)322-0520

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	

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H190002841603 No. 7381 P. 2/4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LONNIE GRAGG, LLC		
(Name of the Limited Lia (A Flo	ibility Company as it now appears on our records.) orida Limited Liability Company)	
	y Company were filed on 10/05/2018	and assigned
Florida document number L18000234875		
This amendment is submitted to amend the following	3.	
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	ic abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
		<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX))	
B. If amending the registered agent and/or registered agent and/or the new registered office a	(Name of the Limited Liability Company as it now angears on our records.) (A Florida Limited Liability Company) zation for this Limited Liability Company were filed on 10/05/2018 and assigned ber L18000234875 mitted to amend the following: , enter the new name of the limited liability company here: inguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." offices address, if applicable: 2.25 dress, if applicable: 2.27 dress, if applicable: 2.27 2.37	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Plante	
	City , Fiorita	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

Page 1 of 3

Sep. 23. 2019 11:27AM HQQOOZ841603 No. 7381 P. 3/4

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

Title	Name	Address	Type of Action
MGR	ROBERT KORKOSKE, JR	3066 8TH ST N	D Add
		ST PETERSBURG, FL 33704	■ Remove
			Change
			D Add
			□ Remove
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			☐ Change

Page 2 of 3

Sep. 23.	2019 11:27AM	1419000284	160 5 No. 7381	P. 4/4
D. If ame	nding any other information, en	nter change(s) here: (Attach additional		
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E. Effecti	ive date, if other than the date o	09/24/2019 f filing:	(optional)	
Note:	ective date is listed, the date must be spec If the date inserted in this block doe ent's effective date on the Departme	offic and caunot be prior to date of filing or more to some the applicable statutory filing recent of State's records.	than 90 days after filing.) Pursuan quirements, this date will not	it to 605.0207 (3)(b) be listed as the
If the red (b) The	cord specifies a delayed effec 90th day after the record is	tive date, but not an effective time filed.	e, at 12:01 a.m. on the	earlier of:
D I	SEPTEMBER 23	2019		
Dated	× Wast of a	Mar L.	_	
	Signatu	re of a member or authorized representative of a	i member	
	ROBERT KORKOSKE, JR			
		Typed or printed name of signee		

Page 3 of 3

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