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(Rec	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

Division of Co	rporations	1	
SUBJECT:	Mo Name of Lim		Grav O, LLC
	Name of Earl	нее главнку соправу	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Daniel	Colombo	
	Name of Limited Liability Company c enclosed Articles of Amendment and fee(s) are submitted for filing. ase return all correspondence concerning this matter to the following:		
		Firm/Company	
	7093	Redwark L	<u>n</u>
	Winter	City/State and Zip Code	34787
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please ca	all:	
DAY ÎC Name	COlombo of Person		1826 ne Telephone Number
Enclosed is a check for	the following amount:		
\$25,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

Registration Section

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 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COUMO (Name of the Limited Liability	langgement GroundLLC
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C	ompany were filed on 11/30/18 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit of the limit of the limit of the new name must be distinguishable and contain the words "Limit of the new name must be distinguishable and contain the words "Limit of the new name must be distinguishable and contain the words "Limit of the new name of the limit of the limit of the new name of the limit of the limit of the new name of the limit of the limit of the new name of the limit of the limit of the new name of the limit of the limit of the new name o	ited liability company here: Coup / L/C
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FEB 19 P
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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>	<u>Address</u>	Type of Action
			□ Add
			☐ Remove
			☐ Change
		***************************************	☐ Remove
			☐ Change
			□ Remove
			☐ Change
		□ Remove	
			☐ Change
			
			□ Remove
			□ Change
		·	
		Remove	
			☐ Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff <u>Note:</u>	ive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Anlegn
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00