

2190000 23704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

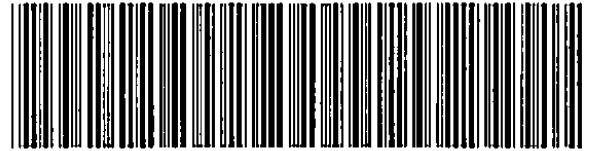
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800331133848

07/01/19--01024--012 **25.0

JUL 11 AM 10:40

JUL 12 2019
C. HICKMAN

TO: **Registration Section**
Division of Corporations
GRAES4HEALTH, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sigrid Masson

Name of Person

Rock Solid Law

Firm/Company

484 Osceola Avenue

Address

Jacksonville, FL 32250

City/State and Zip Code

john@rocksolidlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sigrid Masson /Rock Solid Law

904

241-1113

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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 32301

2008 JUL - 1 4:10 PM

ARTICLES OF ORGANIZATION OF

GRAES4HEALTH, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 22, 2019
Florida document number L19000023704

This amendment is submitted to amend the following:

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

501 Clippership Lane

Atlantic Beach, FL 32233

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

501 Clippership Lane

Atlantic Beach, FL 32233

B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of A</u>
MGR	Chris Kopp	501 Clippership Lane	<input type="checkbox"/> Add
		Atlantic Beach, FL 32233	<input type="checkbox"/> Remo
			<input checked="" type="checkbox"/> Chang
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remo
			<input type="checkbox"/> Chang
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remov
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

June 26

2019

Dated _____,

[Signature]

Signature of a member or authorized representative of a member

Sigrid Masson

Typed or printed name of signee