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COVER LETTER

TO: Registration Sect Division of Corp		9		
: subject: <u>Ga</u>	aden Holdings Name of Lim	LLC lited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Bret	M ((a. n Name of Person		
	Grad	en Holdings of Tr	ousure Coast LLC	
	3001 Ora.	Age Ave		
			2819 FE	T
	bretp soco	City/State and Zip Code On m3 Chnic . com to be used for future annual report notifi	B -5	m
_	ncerning this matter, please co	nll:	F	U
Bretm (ain) Name of F	Person	at (<u>772</u>) <u>216-6</u> Area Code Daytime	285 Telephone Number	
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	Ø \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Graden Holdi	ngs LCC
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	aby as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L/900003670</u> .	wwere filed on $1/25/19$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
Graden Holdings of Treasure Coas The new name must be distinguishable and contain the words "Limited Liabi	SF ZZC ility 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	office address on our records, enter the name of the ne
registered agent and/or the new registered office address her	空 0 0 0 0 0 0
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	City: Zin 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

Title	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			DAdd
			Remiève
			Remove
			□ Change
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active data if other than the date of filing.			(optional		
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be properties. If the date inserted in this block does not meet the appument's effective date on the Department of State's reconstruction.	olicable statui	illing or more than tory filing requi	190 days after filing rements, this date	t.) Pursuant i will not b	o 605.0 e listed
record specifies a delayed effective date, but he 90th day after the record is filed.	not an effe	ective time, a	at 12:01 a.m.	on the e	arlier
ed 2/4 2019	}				
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Page 3 of 3

Filing Fee: \$25.00