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COVER LETTER

Registration Section Division of Corporations

ľO:

CHRIST SUBJECT:	INA GRAINGER REALTY LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	CHRISTINA GRAINGER		
		Name of Person	
	CHRISTINA GRAINGER	REALTY LLC	
		Firm/Company	-
	2025 DISCOVERY LOOF		
		Address	
	PANAMA CITY FL 3240	5	
		City/State and Zip Code	
	GRAINGERREALTY850@	@GMAIL.COM	
	E-mail address: (to be used for future annual report notifi	cation)
or further information	n concerning this matter, please c	all:	
HRISTINA GRAINGER		850 5862605	
Name	e of Person	Area Code Daytime	Telephone Number
iclosed is a check for	r 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 Add Registration Division of P.O. Box 6 Tallahassee	n Section Corporations 327	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHRISTINA GRAINGER REALTY LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) e Articles of Organization for this Limited Liability Company were filed on O7 MARCH 2019 and assigned orida document number L19000065118 is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: IRISTINA GRAINGER LLC e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." iter new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS) iter new mailing address, if applicable: Tailing address MAY BE A POST OFFICE BOX If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Kamending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

MGR =∕ Manager

<u>le</u>	<u>Name</u>	<u>Address</u>	Type of Actio
			□ Add
			□Remove
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ective date, if other than the effective date is listed, the date must e: If the date inserted in this bloument's effective date on the De	be specific and cannot be prior to date of filing or more than 40 days after filing.) Pursuant to 6 bek does not meet the applicable statutory filing requirements, this date will not be li	05.020 isted a
ord specifies a delayed effective filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	fter the
18 JANUARY	2020	
iu .		
ed	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	