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(Re	questor's Name)	
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COVER LETTER

GRADY L.	•				
SUBJECT:		nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Sean T. Donovan, Esquire				
	Butash & Donovan, LLC	Name of Person		_	
Firm/Company 23554 State Road 54				- 2	
	Lutz, Florida 33559	Address		2019 APR -3 AM 10: 03 DECIMENS OF STATE	AR PR
	sean@butashanddonovan.co			3 3 3 3 3 3 3 3 3 3 3	CBO COAFO
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notif all:	fication)	0:03	
Sean T. Donovan, Esqui	re	813 341-2232			
Name o	f Person		: Telephone Numbe	r	
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	

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

GRADY LANE 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 March 13, 2019 and assigned Florida document number $\frac{1.19000071097}{1.19000071097}$ 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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> Spears, Harold K.	Address	Type of Action
MGR	·		Add
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E. Effect	ive date, if other tha	ın the date of fi	iling:		(opti	onal)	
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	cord specifies a de 90th day after th			an effective t	ime, at 12:01 a	a.m. on the earl	ier of:
Dated	April 01	<u> </u>	2019	_ ·			
		Signature o	of a member or autho	rized representative	of a member		
	Sean T. Donovan,	. Esquire					
			Typed or printe	I name of signee			

Page 3 of 3

Filing Fee: \$25.00