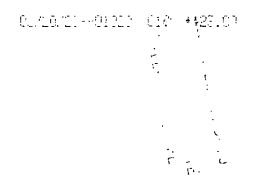
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
Gramma's	Stash		
SUBJECT:	Name of Lim	ited Liability Company	<u>.</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cecile Yeager		
		Name of Person	
	Gramma's Stash		
		Firm/Company	
	2378 Ravenna Blvd., #202		
		Address	<u> </u>
	Naples, Fl. 34109		The state of the s
	- ·	City/State and Zip Code	
	fieldsyeager@gmail.com		_
	E-mail address: (to be used for future annual report noti	lication)
For further information of	concerning this matter, please c	all:	
Michael Yeager		262 945-1657 at ()	
Name o	of Person		e Telephone Number
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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration !		Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	-

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gramma's Stash, LLC		
(<u>Name of the Lim</u>	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited I		pril 11, 2019 and assigned
lorida document number L19000100800		
his amendment is submitted to amend the fol	lowing:	
a. If amending name, enter the new name	of the limited liability company h	<u>ere</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if appli		-
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	
	-	
		<u>.</u>
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u></u>	
3. If amending the registered agent and/or gent and/or the new registered office addr		records, enter the name of the new regis
Name of New Registered Agent:	Michael R. Yeager	
New Registered Office Address:	2378 Ravenna Blvd., #202	
	Enter Flo	orida street address
	Naples	Florida ³⁴¹⁰⁹
	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

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>	Address	Type of Action
MGR	Michael R. Yeager	#42 Rock Crest Drive, Signal Mountain	■ Add
		TN. 37377	□Remove
			□Change
			□Add
			☐ Remove
			OAdd
			Remove C
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

	
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etive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of If the date inserted in this block does not meet the applicable statument's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605, utory filing requirements, this date will not be liste
ord specifies a delayed effective date, but not an effective time, at 12 filed.	2:01 a.m. on the earlier of: (b) The 90th day after
3/17/72	
d 3/12/05	
d 3/12/23 Mu Chy Signature of a member of authorized repr	

Filing Fee: \$25.00