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(F	Requestor's Name)
	Address)
	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:





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19 DEC 26 AM 8: 29



LAW OFFICE OF CONRAD WILLKOMM, P.A.

3201 TAMIAMI TRAIL NORTH • 2ND FLOOR • NAPLES, FLORIDA 34103

December 2, 2019

VIA U.S. MAIL

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: Matter: - LLC Filings -Gray Dove, LLC File No. 19B.1507.AM

To Whom It May Concern:

For the above referenced matter enclosed please find:

- Check No. 2896 in the amount of \$60.00, representing payment for the Filing Fee, Certificate of Status, and Certified Copy for Gray Dove, LLC:
- Cover Letter for LLC; and
- Articles of Amendment to Articles of Organization.

If you have any questions, please do not hesitate to contact our office. Thank you for allowing us to be of service to you.

Respectfully.

LAW OFFICE OF CONRAD WILLKOMM, P.A.

Desiree' A. Boissiere

Legal Assistant

Enclosures

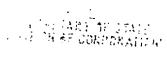
COVER LETTER

		·	COVERLEI	ILK		
	gistration Sec vision of Corp					19 OCC 26 M. G. 29
	GRAY DOV	VE LLC				
SUBJECT:		Name of Lim	ited Liubility Company			& 3.
						14 M
The enclose	d Anicles of A	Amendment and fee(s) are sub	mitted for filing.			20
Please return	all correspor	ndence concerning this matter	to the following:			
		Conrad Willkomm, Esq.				
			Name of Person			
		Law Office of Conrad Wil	lkomm, P.A.			
			Firm/Company			
		3201 Tamiami Trail N., 2r	d Floor			
			Address			
		Naples, FL 34103				
			City/State and Zip C	'ode	· · ·	
		conrad@swfloridalaw.com	to be used for future an	nual mood sutil	estinal	
For further i	nformation co	oncerning this matter, please of		nual report interior	icution,	
		-		242 5222		
Amber R. N	fondock, Esq.		239 at (262-5303)	· · · · · · · · · · · · · · · · · · ·	
	Name of	Person	Area Code	Daytime	Telephone Number	
Enclosed is	a check for the	e following amount:				
\$25.00 [Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing B Certified Cop (additional copy	у	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registra	NG ADDRESS:	Kegi	EET/COURIE		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



19 DEC 25 AM 8: 29

(Name of the Limited Liability Company a (A Florida Limited Liabi	is it now appears on ou ility Company)	r records.)
The Articles of Organization for this Limited Liability Company we Florida document number	re filed on April 26.	2019 and assigned
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 Contains the words "Liability Contains the w	Company," the designati	on "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 registered agent and/or the new registered office address here:	e address on our	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		•
I hereby accept the appointment as registered agent and agree to		ty. I further agree to comply with the ties, and I am familiar with and

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
MGR	GUSTAVO E. JORGE	12730 Dennis Drive	
		Fort Myers, FL 33908	□ Remove
			Change
MGR	SONNA R. JORGE	12730 Dennis Drive	☐ Add
		Fort Myers, FL 33908	□ Remove
			■ Change
			Add
			☐ Remove
			Change
			Remove
			□ Change
			Add
			☐ Remove
			Change
			D Add
			☐ Remove
			☐ Change

	This is a manager managed company. Any manager may take any action on behalf of the company
	without consent of the members.
(Han	ective date, if other than the date of filing:
<u>Not</u>	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lisument's effective date on the Department of State's records.
If the r	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli he 90th day after the record is filed.
	Sowna B. Jona B. Signature of a member of pathonized representative of a member
rs	

Page 3 of 3

Filing Fee: \$25.00