·L190012,3158

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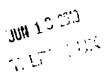
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2010 HAY 31 TO 3: 51



COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:(Grewz C	Ornerz LLC ited 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:	
	<u></u>	WICA BAWKS Name of Person	
	_	"ENZ OF NETZ, Firm Company	
	12346 /	62 nd Terrace)
	MaApi	V F1 3206. City/State and Zip Code	2
	Mydwks 8.	o be used for future annual report notifice	tion)
For further information cor	ncerning this matter, please ca	•	
Monica Name of I	Banks	at (<u>386)</u> <u>209</u> Area Code Daytime T	- 2698 elephone Number
Enclosed is a check for 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

FILED

	.	Enter there are
(Name of the Limited Liability (A Florida	z Converz ty Company as it now appears be Limited Liability Company)	1 our records.) 2313 HAY 31 P 3: 54
The Articles of Organization for this Limited Liability C	ompany were filed on	5-7-1944 Au Charletau A
Florida document number <u> </u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(<u>Principal office address MUST BE A STREET ADDR</u>	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our ess here:	ir records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		, Florida
	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>	Name	Address	Type of Action
MGR	MONICA BANKS	12346 162 16 Torrace	^XAdd
		12346 162 167 16000000000000000000000000000000000	□ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			_□ Add
			Remove
			_□ Change
			_□ Add
			_□ Remove
			_□ Change
			_□ Add
			_□ Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
the red) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	S-21-19 Mening Carlos and thorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00