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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

то:	Registration Se Division of Cor		·	
CHD IE	The Grady I	Family, LLC		
SUBJEC	-1:	Name of Lim	ited Liability Company	
The encl	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Derek Hudson		
		Hudson Piano Studio	Name of Person	<del></del>
		5549 Beamin Dew Loop	Firm/Company	
		Land O Lakes, FL 34638	Address	<del></del>
		hudsonpianostudio@gmail.	City/State and Zip Code com	
		E-mail address: (	to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please ca	all:	
Derek H	udson		813 625-4465	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■</b> \$25.9	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, 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

Company as it now appears on our records.) imited Liability Company)	
mpany were filed on June 5, 2019	and assigned
ed liability company here:	
ed Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
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Enter Florida street address	
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	red office address on our records,  Enter Florida street address  Flori

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
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t an effective date is listed, the date must	date of filing:  be specific and cannot be prior to date of the does not meet the applicable state partment of State's records	filing or more than 90 days after	onal)
and on the Be	parament of blate 3 records.		
e record specifies a delayed The 90th day after the reco	effective date, but not an efford is filed.	fective time, at 12:01 a	.m. on the earlier of
June 21	2019		
	1		
Dech J	Signature of a member or authorized repr		<del></del>

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Filing Fee: \$25.00