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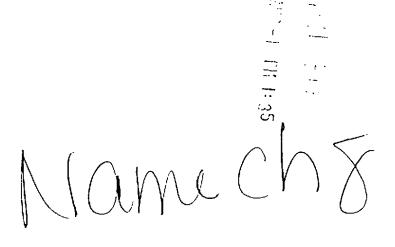
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## **COVER LETTER**

TO:		istration Sec ision of Corp					
CHD IEA	ст.	AMERICAN PRIDE OF N.E. FLORIDA LLC					
SUBJEC	<b>(Ι:</b>	Name of Limited Liability Company					
The encl	losed	Articles of A	Amendment and fee(s) are sub	nitted for filing.			
Please re	eturn	all correspon	ndence concerning this matter	to the following:			
			LYNN ADAMS				
				Name of Person			
			BEACHES TAX SERVICE	ES N.E. FLORIDA INC.			
Firm/Company		Firm/Company					
	6376 MOCKINGBIRD ROAD						
Address							
			JACKSONVILLE, FL 32219-3396				
			City/State and Zip Code				
			beachestaxservices@comea				
For furt	her i	nformation c	r-mail address: (i oncerning this matter, please or	to be used for future annual report not tll:	inteation)		
LYNN	ΛDΛ	MS		904 503-0931 at ( )			
		Name o	f Person	Area Code Daytir	ne Telephone Number		
Enclose	d is a	a check for th	ne following amount:				
		iling Fee	Sand 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)		
	4	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpx Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle		



July 18, 2019

LYNN ADAMS BEACHES TAX SERVICES OF NE FLORIDA INC 6376 MOCKINGBIRD ROAD JACKSONVILLE, FL 32219

SUBJECT: AMERICAN PRIDE OF N.E. FLORIDA LLC

Ref. Number: L19000157912

We have received your document for AMERICAN PRIDE OF N.E. FLORIDA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 619A00014672

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERICAN PRIDE OF N.E. FLORIDA, 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 JUNE 14, 2019 and assigned Florida document number L19000157912 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AMERICAN GRIT LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.I.C." or the abbreviation "L.I.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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_\_\_ City

## 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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Note:	tive date, if other than the date of filing:
If the re (b) The	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier $\alpha$ e $90$ th day after the record is filed.
Dated	Signature of a member for authorized representative of a member
	ingulate of a member of authorized representative of a member