## L19000200345

(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

TO: Registration Section **Division of Corporations** 3306 West Gray Street LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Alberto Hernandez Name of Person Firm/Company 3903 W. Grav Street Address Tampa, FL 33609 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jamy Magro

Enclosed is a check for the following amount:

Name of Person

☐ \$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, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Daytime Telephone Number

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	<del></del> ,
he Articles of Organization for this Limited Liability Company	were filed on <u>08/12/2019</u>	and assigned
lorida document number <u>L19000200345</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here	
	mic Company nere.	
GRAY 3306 LLC The new name must be distinguishable and contain the words "Limited Liabi	lity Company " the designation "I I (" or the abb	reviation "L.I. C."
the new hante must be distinguishable and contain the words. Chinese Dates	ncy company. The designation Three of the disc	
inter new principal offices address, if applicable:	3903 W. Gray Street	
Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33609	
Inter new mailing address, if applicable:	3903 W. Gray Street	
Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33609	
		.,
3. If amending the registered agent and/or registered office:	address on our records, enter the name	of the new regis
gent and/or the new registered office address here:		,
Name of New Registered Agent:		
No. 17 Second Office Address		
New Registered Office Address:	Enter Florida street address	
	Plania.	· ·
	, Florida	Zin Cade

## New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

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	
AMRR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			\ \_Add
			□Remove
			□Change
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ote: If the dat	if other than the d is listed, the date must be ite inserted in this bloc active date on the Dep	ck does not meet the	e applicable statut	iling or more than 90 cory filing required	(optional) days after filing.) Purs ments, this date will	uant to 605.0 101 be listed
record specifie is filed.	es a delayed effective	date, but not an effe	ective time, at 12:	01 a.m. on the ear	lier of: (b) The 90t	h day after
ated 19 Marc	h Ar-	, 202	<u>1</u> .			
	/ // // / / / / / / / / / / / / / / /	<del>/ \//</del>				
	-// // W/-s	nghature of member	or authorized repri	esentative of a memb	er	<del></del>

Filing Fee: \$25.00