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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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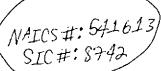
COVER LETTER

TO: Registration Section • Division of Corporations	
SUBJECT: S-M Baran Investment Gray, UC Name of Limited Liability Company NAICS SIC #	; #:541613 t:8742
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JA'MARIP L. STEWART Name of Person	
Firm/Company	
· ·	
Address 1/erg Beach, fl. 32967 City/State and Zip Code	202 Se
i	EGRETARY SEGRETARY TALLAHA
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	CO The parties of the
Ja Mario L. Stewart at 772, 480-4214 Name of Person Area Code Daytime Telephone Number	PH 3: I4
Table Code Day, mile volepilone value	
(additional copy is enclosed) Certified	e of Status &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



imited 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 08/19/3019Florida document number <u>L</u> 1900910 368 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 Company," the designation "LLC" or the abarevia "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 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:

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.

City

Enter Florida street address

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 110 March 11	Type of Action
AMBR	Melissa A. Stewart	Address Vero Beach, fl. 4610 34th Avenue 32967	Add
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			□Change
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Typed or printed name of signee