L19 000 214754

| (Requestor's | Name) |
|-----------------------------------|---|
| | |
| (Address) | _ |
| | |
| (Address) | |
| | |
| (City/State/Z | n/Phone #) |
| (Only) Old to 2 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| PICK-UP V | YAIT MAIL |
| | _ |
| | |
| (Business E | htity Name) |
| | |
| (Document I | Number) |
| | |
| Certified Copies Ce | rtificates of Status |
| | |
| Canalal Instructions to Elling Of | i |
| Special Instructions to Filing Of | icer: |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Office | Lise Only |



800395950148

10/13/22--01009--008 **25.00

FILED
2022 OCT 13 AMIO: 0
SECRETARY OF SECUL

COVER LETTER

| TO: Registration Section Division of Corporation | ons | | |
|---|--|---|---|
| SUBJECT: (615e(U) | ATIVE Grounds Lic Name of Limited Liability Company | | |
| | | | |
| The enclosed Articles of Amend | ment and fee(s) are submitted for filing. | | |
| Please return all correspondence | concerning this matter to the following: | | |
| | Clifford A. GEDMIT Name of Person | | |
| | | 2022 SEC | |
| | Firm/Company | PET PET | • |
| 1 | 3399 66th STN Address | (2) | |
| L | A190 FC 33771 | 2022 OCT 13 MM 10: 0 SECRETARY OF SIAT | |
| <u></u> | City/State and Zip Code Viffeethar Team Ail. Com E-mail address: (to be used furfuture annual report notification) | 수설 이 | |
| For further information concerni | ng this matter, please call: | | |
| Cliff GEDNA Name of Person | at 727) 420-0789 Area Code Daytime Telephone Number | | |
| | | | |
| Enclosed is a check for the follow | | | |
| \$25.00 Filing Fee | (additional copy is enclosed) Certified | e of Status & | |
| Mailing Address: Registration Section Division of Corpora | | | |
| P.O. Box 6327 Tallahassee, FL 323 | The Centre of Tallahassee | 10 | |
| | Tallahassee, FL 32303 | · - | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| • | ture, if changing Registered Agent: | Enter Florida street address, Florida City Zip Co | |
|---|---|---|----------------|
| | ce Address: | , Florida | nle |
| | ce Address: | | |
| | ce Address: | Francisco de la companya del companya del companya de la companya | |
| Name of New Regis | | | |
| N. CN . D | tered Agent: | | |
| B. If amending the registere agent and/or the new registe | | enderess on our records, enter the name of the | new registered |
| (Mailing address MAY BE A | POST OFFICE BOX) | Largo +L 33/11 AM | <u> </u> |
| Enter new mailing address, | lf applicable: | 27 | 3 |
| (Principal office address MU | ST BE A STREET ADDRESS) | Largo +L 337/11 5 5 | 7877 |
| Enter new principal offices | address, if applicable: | 13344 bbt 57 H | |
| The new name must be distinguisha | ble and contain the words "Limited Liabil | lity Company," the designation "LLC" or the abbreviation | n "L.L.C." |
| A. If amending name, enter | the new name of the limited liab | ility company here: | |
| This amendment is submitted | to amend the following: | | |
| Florida document number <u>L</u> | 19000214754 | | |
| _ | for this Limited Liability Company | were filed on $8/22/2019$ and | lassigned |
| | (Name of the Limited Liability Compa (A Florida Limited) | Liability Company) | |
| | | INV SE IT NOW SINDESTE AN ABT POCARGE 1 | - |

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 |
|--------------|-------------|---------|---|------------------------|
| Mar | John 1 | V TAtum | 25 52 nd 51 50 | □Add |
| | | | 25 52 nd 51 50 51 Pete FC 3>707 | Remove |
| | | | | □ Change |
| | | | | □Add |
| | | | | □Remove |
| | | | | □ Change |
| | | | | DAdd SEC 22 Remove 1 |
| | | | | 2022 ORT 13 CAH 10:301 |
| | | | | □Remove |
| | | | | □Change |
| | | | | □Add |
| | | | | Remove |
| | | | | □Change |
| | | | | □Add |
| | | | | □Remove |
| | | | | □Change |

| | any other m | formation, enter change(s) here: (Attach additional sheets, if necessary.) | |
|-------------------------|---|---|----------------------------|
| _ | | | _ |
| - | | · · · · · · · · · · · · · · · · · · · | _ |
| - | | | |
| - | | | _ |
| - | | | _ |
| - | | | _ |
| - | | | _ |
| _ | | | |
| _ | | <u> </u> | _ |
| | | 22 OC TAL | - |
| | | TAR AH | 1 |
| - | - | > × 3 ∴ 5 0 × | |
| _ | | | |
| _ | <u>.</u> | | _ |
| _ | | | |
| _ | | | _ |
| _ | | | _ |
| (If an effe Note: | ective date is listed, the d If the date inserted in | the date of filing: | 05.0207 (3) sted as the |
| he record ord is fil | | ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft | er the |
| Dated _ | 9/21/22 | . 2022. | |
| | _// | Signature of a member or authorized representative of a member | |
| | <u> </u> | Hord A. Cally T. Typed or printed name of signee | |

Filing Fee: \$25.00