## L19000214936

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:	Grant Cottrell N	Ailler-Meyers PLLC					
		Name of Lim	nited Liability Comp	any	_		
The enclosed Ar	ticles of Amendme	ent and fee(s) are sub	omitted for filing.				
Please return all	correspondence co	ncerning this matter	to the following:				
			William J.	Cottrell			
	<del></del>	•	Name of Per	son			<del></del>
			Grant Cottrell Mil	iler-Meyer	s PLLC		
		-	Firm/Compa	iny			
			5147 Castelle	o Drive			
			Address				
			Naples, Flori	da 34103			
		City/State and Zip Code					
		F-mail address: (	Justin@grantcottre (to be used for future		nort notifie	vion)	
For further infor	mation concerning	this matter, please c		amuar re	port notifica	uon,	
William J. Co			at ( <u>239</u>	)	449-489		
	Name of Person		Area Co	de	Daytime T	elepho	ne Number
Enclosed is a che	eck for the followir	ig amount:					
□ \$25.00 Filin		00 Filing Fee & rtificate of Status	☐ \$55.00 Filin Certified C (additional co	ору	sed)		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi	Address: ration Section on of Corporation ox 6327	ons	R D	ivision	Iress: ion Section of Corpo are of Tal	ratio	
Tallahassee, FL 32314			2415 N. Monroe Street. Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gran	nt Cottrell Miller-Meyers PLLC
( <u>Name of the Limited Liahi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on August 22, 2019 and assigned
Florida document numberL19000214936	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
Grant Cottrell PLLC	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
	SE 22
	THE STATE OF THE S
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere	ed 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 Zip Code

## 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>	Name	Address	Type of Action
AMBR	Erin Miller-Meyers	5147 Castello Drive, Naples, Florida 34103	□Add
			⊠Remove
			□Change
		<del></del>	🗀 Add
			□Remove
			Change
			□Add
		<del></del>	□Remove
			□Change
			□Add
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			□Remove
			Change
			□Add
			□Remove
			□ Chanua

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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fan effect <u>Note:</u> If	e date, if other than the date of filing: DANUIN 1 2023 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as at seffective date on the Department of State's records.
record s d is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
ated	November 4 2022
	W. Ma
	Signature of a member or authorized representative of a member
	William J. Cottrell

Filing Fee: \$25.00