

L19000217490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

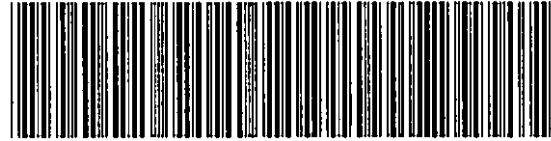
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/03/21---01001---009 **25.00

2021 SEP -3 AM 7:45
SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
SEP 15 2021

EASTMAN & SMITH LTD.

ATTORNEYS AT LAW

Established 1811

Ruby R. Moran
Paralegal
Direct Dial: 419-247-1793
Direct Fax: 419-247-1777
rrmoran@eastmansmith.com

One SeaGate, 24th Floor
P.O. Box 10032
Toledo, Ohio 43699-0032
Telephone: 419-241-6000
Facsimile: 419-247-1777

September 2, 2021

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

Re: Amendment to Articles of Organization
Our File No: 4519-225045

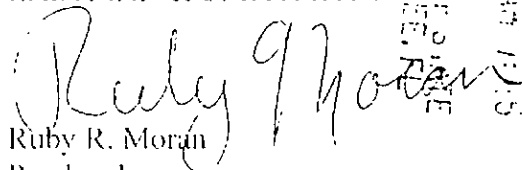
Dear Corporations Division:

Enclosed please find the Amendment to the Articles of Organization for 2GRE, LLC. Additionally, the filing fee in the amount of \$25.00. I have enclosed a pre-stamped envelope to return the stamped/ filed copy of the filing to my attention.

Please process the filing at your earliest convenience. If you have any questions regarding the filing, please do not hesitate to contact me directly at 419-247-1793.

Very truly yours,

EASTMAN & SMITH LTD.


Ruby R. Moran
Paralegal

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL
SEP 13 2021

JKUN:RRMO

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amendment to Agent and authorized persons
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:

Ruby Moran
Name of Person

Eastman & Smith Ltd.
Firm/Company

PO Box 10032
Address

Toledo, Ohio 43699
City/State and Zip Code

rrmoran@eastmansmith.com
E-mail address: (to be used for future annual report notification)

TALLAHASSEE, FL
JUL 15 2008

For further information concerning this matter, please call:

Ruby Moran at (419) 247-1793
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2GRE 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 09/04/2019 and assigned Florida document number L19000217490.

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 abbreviation "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:

Ronald Goodband

New Registered Office Address:

10735 Happy Vale Road

Enter Florida street address

Jacksonville

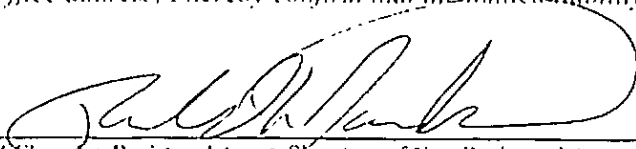
Florida 32246

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Chase Goodband	10735 Happy Vale Road, Jacksonville, FL 32246	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Darla Goodband	10735 Happy Vale Road, Jacksonville, FL 32246	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Remove
 Change
 Add
 Remove

10735 HAPPY VALE RD
 JACKSONVILLE, FL 32246

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed

Dated September 1st 2021

Handwritten signature of Ronald Goodband

Signature of a member or authorized representative of a member

Ronald Goodband

Typed or printed name of signer

Filing Fee: \$25.00