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(City/State/Zip/Phone #)	-
(Business Entity Name)	_
(Business Entry Name)	
(Document Number)	
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## **COVER LETTER**

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### TO: Registration Section

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Greybee Ventures, 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:

Jason M Gordon, Esq.

Name of Person

Gordon & Thalwitzer, Attorneys at Law

Firm/Company

257 North Orlando Avenue

Address

Cocoa Beach, Florida 32931

City/State and Zip Code

jbarlow@brevardlegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason M Gordon	321	799-4777
	at ()	
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Greybee Ventures, LLC		
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.} hability Company}	PH
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19000227990</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Graybee Ventures, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbrev	viation "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, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	Jason M Gordon	
New Registered Office Address:	257 North Orlando Avenue	
	Enter Florida street address	
	Cocoa Beach	, 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	<b>Registered</b> Agent.	Signature of New	Registered Agent

Page 1 of 3

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

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<u>Title</u>	Name	Address	Type of Action
			Add
			CRemove
			Change
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		<u></u>	CRemove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

9/09/2019

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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 19, 2019
	$\sim$
	Signature of a member or authorized representative of a member
	Jason M Gordon, Eso, Authorized Agent/representative

Page 3 of 3

Filing Fee: \$25.00