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## **COVER LETTER**

Tallahassee, FL 32314

Grandfathe SUBJECT:	er Rubin, LLC		
30b)ECT	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amundanant and foots) or make	animal For Every	
	·	-	
	Krishna L.Domenech	Ü	
	Name of Limited Liability Company  ed Articles of Amendment and fee(s) are submitted for filing.  In all correspondence concerning this matter to the following:    Krishna L. Domenech		
	Aust Law Firm		
		Firm/Company	
	1220 E. Livingston Street		
		Address	
	Orlando, FL 32803		
		City/State and Zip Code	<del>_</del>
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Krishna L. Domenech		407 447-5399	
Name o	of Person		Telephone Number
Enclosed is a check for the	he following amount:		٠.
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	Certified Copy	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy
	Section orporations	Registration Sec	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grandfather Rubin, LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L20000041606		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	1
	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.

Commence of the Commence of th

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
AMBR	Lynn Mims	1818 Mulberrywood Court	□Add
		Orlando, FL 32818	≣Remove
		1818 Mulberrywood Court	<b>7</b> ~
AMBR Lyn	Lyndell Mims	Orlando, FL 32818	
			□Remove
			□Change
			□Add
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Fffec	tive date, if other than the	e date of filing:			(option	alì	
(If an e Note:	ffective date is listed, the date mug. If the date inserted in this buttern's effective date on the I	ist be specific and ca lock does not med	annot be prior to d et the applicable	late of filing or more i	han 90 days after fil	ling.) Pursuant to 605.0	
the rece ford is f	ord specifies a delayed effecti filed.	ve date, but not ar	n effective time	, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after	the
	March 25		2020				
Dated	d	<del></del> ,_	-5 -5				
		Signature of a me	mber or authorize	ed representative of a	member		
	Krishna L. Domenech						

Filing Fee: \$25.00