

120000108643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400353949454

10/26/20--01029--020 \*\*60.00

FILED  
CLERK OF STATE  
20 OCT 26 PM 3:45  
JULIA E. EDWARDS

Name Change

DEC 03 2020

D CUSHING

Richard S. Webb, IV  
Attorney at Law

2033 Main Street  
Suite 600  
Sarasota, FL 34237  
941.366.8100  
Fax: 941.366.6384  
Mobile: 941.315.5458  
rwebb@icardmerrill.com

icardmerrill.com

October 23, 2020

**Via Federal Express**

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

Re: Amendment to Articles of Organization of GranPark, LLC

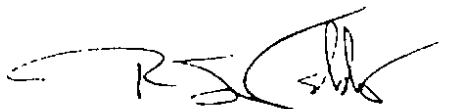
Dear Sir/Madam:

Enclosed please find standard cover letter together with a completed Amendment changing the name of the above limited liability company to "**Gran Place, LLC**" along with our firm check in the amount of \$60 for filing fees, certificate of status and certified copy suitable for recording in the Public Records of Sarasota County, Florida.

Please disregard my letter and filing of October 22, 2020, as our client has determined to use the name "**Gran Place, LLC**" with a space between "Gran" and "Place". Kindly return the \$60 check included with the October 22, 2020 letter.

Please contact me if you should have any questions.

Sincerely,



Richard S. Webb, IV

RSW:cd  
encs.

cc: Sam Rodgers Properties, Inc.

01231722-1

FILED  
DIVISION OF STATE  
CORPORATIONS  
20 OCT 26 PM 3:45

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GranPark, LLC

\_\_\_\_\_  
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:

Richard S. Webb, IV

\_\_\_\_\_  
Name of Person

Icard, Merrill, et al.

\_\_\_\_\_  
Firm/Company

2033 Main Street, #600

\_\_\_\_\_  
Address

Sarasota, FL 34237

\_\_\_\_\_  
City/State and Zip Code

rwebb@icardmerrill.com

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

For further information concerning this matter, please call:

Richard S. Webb, IV

941

953-8102

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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**

GranPark, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
CLERK OF COURT  
20 OCT 26 PM 3:45  
HALL COUNTY, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on April 21, 2020 and assigned  
Florida document number L20000108643.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Gran Place, LLC

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:**

N/A

**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**

[illegible]

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

**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 October 22 2020

Signature of a member or authorized representative of a member

**Sam R. Rodgers, Manager**

Typed or printed name of signee

**Filing Fee: \$25.00**