LZO 000161930

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
,
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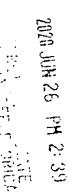
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04/24/20--01012--026 **





COVER LETTER

Registration Section

Division of Corporations

TO:

	GREYBIRDIERAY DE	SIGN LLC		
SUBJECT:	Name of Limi	ted Liability Company		
	Amendment and fee(s) are sub			
Please return all correspo	ndence concerning this matter	to the following:		
	SANDI WINDSOR			
		Name of Person		
	WALTER'S SANDERS &	ASSOCIATES PA		
		Firm/Company		
	16528 N DALE MABRY	HWY		
		Address		
	TAMPA FL 33618			
		City/State and Zip Code	H.O.	
	SANDI@WALTERSAND			
	E-mail address: (to be used for future annual report notif	ication)	
For further information c	oncerning this matter, please c	all:	fication)	
SANDI WINDSOR		813 961-0094 at ()		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	-			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclose)	
Mailing Addres		<u>Street Address:</u> Registration Se	etio n	
Registration : Division of C		Division of Cor		
P.O. Box 633	•	The Centre of T	`allahassee	
Tallahassee.	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREYBIRDIERAY I		
(Name of the Limited (A	Liability Company as it now appears on our Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liab		
Florida document number L20000161930	·	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
GREYBIRDIERAY DESIGNS LLC	<u></u>	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation	on "LLC" or the abbreviation "I
Enter new principal offices address, if applicab	le: N/A	
(Principal office address MUST BE A STREET.	ADDRESS)	
	 -	
Enter new mailing address, if applicable:	N/A	1020 JUH 26
(Mailing address MAY BE A POST OFFICE BO	<u></u>	70
		:. 🔀
		120
B. If amending the registered agent and/or reg agent and/or the new registered office address		, enter the name of the no
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida stre	et address
	1200 7 100 100 00	
	City	Florida Zip Code
	12113	.,

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 con provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar w accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doc heing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liable company has been notified in writing of this change.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type o
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Dated					
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B - 271/	JUNE 19	2020			
Signature of a member or authorized representative of a member		 •	 •		
Signature of a member or authorized representative of a member	Banin	W			
	Signatu	re of a member or a	uthorized represe	ntative of a member	er
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