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## **COVER LETTER**

TO: Registration Division of C	n Section Corporations	
	Grove, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corre	espondence concerning this matter to the following:	
	Drake Martin	
	Name of Person	•
	Grayton Grove, LLC	
	Firm/Company	-
	134 Grayton Trails Road	
	Address	- • -
	Santa Rosa Beach, FL 32459	·
	City/State and Zip Code	-
	drake@drakemartinlawfirm.com	(
	E-mail address: (to be used for future annual report notification)	:
For further information	on concerning this matter, please call:	1,2
Drake Martin	850 608-3140 at ()	· · · · · · · · · · · · · · · · · · ·
Nam	ne of Person Area Code Daytime Telephone Number	r
Enclosed is a check for	or the following amount:	
■ \$25.00 Filing Fee	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	ite of Status &

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grayton Grove, LLC			
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our reco a Limited Liability Company)	rds.)	
The Articles of Organization for this Limited Liability Colorida document number L20000191451	Company were filed on July 6, 2020		and assigned
longs document number	<u>—·</u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
<u> </u>			
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LI	LC" or the abbrev	iation "L.L.C."
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDI	RESS)	· ·	
			į
inter new mailing address, if applicable:		,	:
Mailing address MAY BE A POST OFFICE BOX)		**	<del>-</del>
		)	
. If amending the registered agent and/or registered	d office address on our records, <u>ent</u>	er the name of	the new regist
gent and/or the new registered office address here:		ţ	: "
Name of New Registered Agent:			<del></del>
New Registered Office Address:			
	Enter Florida street addi	ress	
		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 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>	Name	Address	Type of Action
MGR	Jennifer Hargett Martin	134 Grayton Trails Road	≣Add
		Santa Rosa Beach, FL 32459	□Remove
			□Change
AP	Lilly S. Martin	134 Grayton Trails Road	
		Santa Rosa Beach, FL 32459	≣Remove
			□ Change
	<u></u>		
			Remove
			Change
			no □ <b>Add</b> 
			□Remove
			□Change
			Remove
			Change
			□Add
			□Remove
			☐ Change

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sted April 4	, 2023	·			
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Filing Fee: \$25.00