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(Re	questor's Name)	
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(Do	ocument Number)	
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: THE	Name of Lim	LAW GRM LLC ited Liability Company					
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspor	ndence concerning this matter	to the following:					
	Kimber	Name of Person					
		Name of Person					
	DOGG, SHT	Firm/Company					
	1580 Sawer	Address PANKWAY SUITE 130					
	SUNRISS !	City/State and Zip Code					
	KMBELLY &	3 1220CE AT CAWFILM COM to be used for future annual report notification)					
For further information co	oncerning this matter, please co	alt:					
KINBELLY	7620061	at (954) 903-1737 Area Code Daytime Telephone Number					
Name of	Person	Area Code Daytime Telephone Number					
Enclosed is a check for th	e following amount:						
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
Mailing Address		Street Address: Registration Section					
Registration Section Division of Corporations		Division of Corporations					
P.O. Box 6327		The Centre of Tallahassee					
Tallahassee, Fl. 32314		2415 N. Monroe Street, Suite 810					

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company a (A Florida Limited Liabi	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company wer	
Florida document number <u>L2000229416</u> ;	· · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
The new name must be distinguishable and contain the words "Limited Liability C	Puc
The new name must be distinguishable and contain the words "Limited Liability C	Company, the designation "LLC or the appreviation "LLC.
Enter new principal offices address, if applicable:	. 0 1
(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 add agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	
	Enter Florida street address
	Cuy Zip Code
	Cuy Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree of provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office ad	erformance of my duties, and I am familiar with and ovided for in Chapter 605. F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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
			DAdd
			□Remove
			□Change
			□Add
			ARMOVE TO CHange
			□Change
			□Add
			Remove
			□Change
			DAdd
			□Remove
			□ Change

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E Effe	ective date, if other effective date is listed, the	than the	date of filing:		6712	(optional)		(1) 5 1/20	_
(II an Not	effective date is listed, the case of the case inserted	e date mus in this blo	t be specific and cannot	ot be prior to date. he applicable sta	of tung of more than 90 itutory filing requiren	nents, this date	yeursuant to will not be	listed as	/ 5 1
doc	ument's effective date	on the De	epartment of State's	s records.	, _ ,				
If the rec	cord specifies a delaye	d effective	e date, but not an ef	ffective time, at	12:01 a.m. on the ear	lier of: (b) Th	e 90th day a	after the	:
record is	filed.								
Date	ed			·					
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			K.	<u> </u>	presentative of a memb			_	
		·- ·	Signature of a memb	er or authorized re	presentative of a memb	net			
			Kinnesta	1.4 1.J.J	OCENT				

Filing Fee: \$25.00