L20000237161

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	G	regmen Serv	vice LLC	` *	
SUBJEC	T: _		Name of Lim	ted Liability Company	
				· · · · ·	
			Gewory S Miller		
				Name of Person	
				Fum/Company	port notification) 2479 Daytime Telephone Number sedi Certificate of Status & Certificate of Status & Certified Copy (additional cepy is enclosed) Image: Composition of Corporations (Corporations) re of Tallahassee Monroe Street, Suite 810
			2183 SE Washington Stree	t North	
				Address	
				City State and Zip Code	
			Stuart, FL: 34997		
West frietlag	int				
			cerning uns matter, prease es		
Greg or b	Kelly 				<u></u>
		Stor of Corporations Gregmen Service LLC Name of United Liability Company Articles of Amendment and feets) are submitted for filing. a diverse concerning this matter to the following: Gregory S Miller Name of Person FundCompany 2183 SE Washington Street North City State and Zip Code Stuart, FL: 34997 Tennil fiddless: (to be used for future annual report notification) information concerning this matter, please call: ly Miller Name of Person at (a) Area Code Daytime Telephone Number i check for the following amount: Filing Fee \$55,00 Filing Fee & Certified Copy Certified copy is enclosed. Certified copy is enclosed. Status and cop is enclosed. Status and cop is enclosed. Street Address: is barrentian Section			
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited I	ny as it now appears on our records.) Tability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>1.20000237161</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	<u>ility company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	hty Company." the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
(<u>Principal office address MUST BE A STREET ADDRESS)</u> Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		
Enter new mailing address, if applicable:		

Name of New Registered Agent:				
New Registered Office Address:				C>
	Enter Florida stree	t address	2021	
		Florida	35	
	Cuy		Lip Dode	
New Registered Agent's Signature, if changing Registered Agent:			25	
			-	·

I hereby accept the appointment as registered agent and agree to act in this capacity. I forther agree to somply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familitæ 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. Thereby confirm that the limited **b**ubility company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Kelly P Miller	2183 SE Washington Street North	[].Add
		Stuart, FL. 34997	🔤 Remove
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			🗌 🔤 Add
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Dated March 15 2021 Signapute of a member of a duborized representative of a member Gregory S. Miller			
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Note: If the date inserted in this block does not meet the applicable statutory tring requirements, this date will not be listed as document's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)r. The 90th day atterrise d is filed. Dated March 15 Signature of a member of automized representative of a member Gregory S. Miller	iffective date, if other than the d	late of filing: (optional)	
document's effective date on the Department of State's records.	f an effective date is listed, the date must i	be specific and cannot be prior to date of filing or more than 90 days after 1 ling) Pursual to	o 505 0207.)
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Gregory S. Miller			
Gregory S. Miller		- Martin	
	2	signature of a memoer of authorized representative of a member	
	Character N. A.G.Dom		
	Gregory S. Miller	Typed or printed name of signee	_

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