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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056

Phone : (954)842-2931

Fax Number : (954)842-2936

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GARMUR, L.L.C.

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Tallahassee, FL 32314

## SORSHER & ASSOCIATES

## **COVER LETTER**

	Registration Sec Division of Corp			
CL:DICC	GARMUR,			
SUBJEC	Л:	Name of Limit	ed Liability Company	
The encl	osed Articles of 7	Amendment and fee(s) are subn	nitted for filing.	
Please re	eturn all correspor	ndence concerning this matter t	o the following:	
		BELLA GROSS		
			Name of Person	
		GARMUR, L.L.C.		
			Firm/Company	
		3001 NE 185TH ST., STE	339	
			Address	<del></del>
		AVENTURA, FL 33180		
			City/State and Zip Code	
		BGROSS62@HMAIL.COM		48 T.
		E-mail address: (i	o be used for future annual report no	uncanon
For furtl	her information c	oncerning this matter, please ca	all:	
BELLA	GROSS		305 766-2772	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclose	ed is a check for t	he following amount:		
<b>≌</b> \$25	5.00 Filing Fee	☐ \$30.00 Filing Fcc & Certificate of Status	\$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		Street Address:	Continu
	Registration Division of 0		Registration S Division of C	
	P.O. Box 63		The Centre of	Tallahassee
	Tallahassee,		2415 N. Mon	roe Street, Suite 810

H200003748343

Tallahassee, Fl. 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GARMUR, L.L.C.				
(Name of the Limited Liability Compar (A Florida Limited L	ly as it now appears on our records, liability Company)	<del>)</del>		
he Articles of Organization for this Limited Liability Company	were filed on 08/28/2020	and assigned		
lorida document number L20000268625				
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company here:			
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:		<del></del>		
Mailing address MAY BE A POST OFFICE BOX		m <b>S</b>		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter</u>	the name of the new registor		
Now Registered Office Address:				
	Enter Florida street address	3		
	<del></del>	oridu		
	City	Zip Cowo		
New Registered Agent's Signature, if changing Registered Agent				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e nertorniance of my auties, ai	F.S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

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	BELLA GROSS	3001 NE 185TH ST., STE 339	≣Add
		AVENTURA, FL 33180	□Remove
			□Remove
			200 Mange
<del></del> ,			SSS B M
			CSO OF TRANSPORT
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			□Remove
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			□Add
		<del> </del>	□ Change
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document's effective date on the	Department of	State 4 record	3					
ne record specifies a delayed effec	tive date, but no	ot an effective	time, at 12:0	a,m, on the ca	rlier of: (b)	1 he 90	th day af	ter the
ord is filed.								
Dated		2020						
Datail		,	- <del></del> ·					
Dateo	Signature of	_ ^ ^						

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