L20000309564

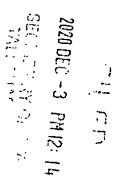
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ertified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400355675404

12/03/20--01003--012 **25.00



LA. 1/14/21

COVER LETTER

Division of Corpora	tions		•	
		• ,		
BJECT: W.S.	G ris of The	on hay be		
, , , , , , , , , , , , , , , , , , ,	Name of Limited	i Liability Company	••	
$\mu = \mu_{\rm col}$				
		ż	-	
e enclosed Articles of Ame	indment and fee(s) are submi	tted for filing.		
tase return all corresponder	ace concerning this matter to	the following:		
	Stacie	Name of Person		
-	V.5.00 c	Firm Company	LĊ	
	1414 601	Address	<u>.</u>	
	Tallahassi	City/State and Zip Code	32304	
-		be used for future annual rep		
For further information conce	erning this matter, please call	:		
Stac. S	rson	at (<u>\$50</u>) <u>\$</u> Area Code	Daytime Telepho	s 7 ne Number
Enclosed is a check for the fo	ollowing amount:			
9. \$25.00 Filing Fee	2 \$30.00 Filing Fee & Certificate of Status	77 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Add	lress:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin	ited Liability Company as if (A Florida Limited Liability	now appears on o	ur records.)	<u> </u>		
he Articles of Organization for this Limited				.0;	and assigned	i
forida document number L200030	1564					
his amendment is submitted to amend the fo	llowing:					
t. If amending name, enter the new name	of the limited liability co	mpany here:				
he new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designat	tion "LLC" or the			
Enter new principal offices address, if appli	cable:		<u> </u>		070 C	
Principal office address MUST BE A STRE	ET ADDRESS)		·	- !	e j	
					(L)	
				Ť.	PH	
Enter new mailing address, if applicable:		 		·:	<u>.</u>	
Mailing address MAY BE A POST OFFICE	BOX)			-	£	
3. If amending the registered agent and/or igent and/or the new registered office addre	registered office addressess here:	s on our record	s, <u>enter the</u> nar	ne of t	he new regi	ster
Name of New Registered Agent:	Stacie	Crush				
New Registered Office Address:	1414 Co	Enter Florida stre	Street			
	Inlahusse	<u>c. </u>	. Florida	31	304	
	Cit			Zip	Code	

New Registered Agent's Signature, if changing Registered Agent:

11

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 Changing Registered Agent, Signature of New Registered Agent

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

GR = Manager

MBR ≈ Authorized Member

<u>tle</u>	Name	Address	Type of Action
<u> 162</u>	Sincie Grush	1414 Colorade Street	⊐Add
		Tallahassee, FL	□Remove
		32304	IChange
			□Add
			□Remove
			IChange
			□Add
			□Remove
			□Change
- 	- · <u>-</u> · <u></u> .		∃Add
			□Remove
			UChange
	- ··· -		□Add
			DRemove
			IChange
			□Add
			TRemove
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
_		
		
		
		
·		
		
	date, if other than the date of filing:	605,0207 listed as
ecord sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
ied _\	Sovember 16, 2020.	
,	Stacie Grush Typed or printed name of signer	
	Signature of a member or authorized representative of a member	-

Filing Fee: \$25.00