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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tentle Grant Owiers LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gentle Grant Counters LLC Firm/Company
300 Se 2nd Address
City/State and Zip Code Gentle Great Couners as 1 & Great Commercial Commerc
For further information concerning this matter, please call:
Same of Person at (954) \$329-4812 Area Code Daytime Telephone Number
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Enclosed is a check for the following amount:
Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil	ity Company as it now appears on our records.)	
(A Florid	a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number <u>L 2000345</u>	Company were filed on $\frac{20/30/20}{50.2}$	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		, c. 71
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		7071
		
		7 28
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the name</u>	
agent and/or the new registered office address here.		
Name of New Registered Agent:		 2
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	Liner i ioriau sircei adaress	
 -	, Florida,	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
MGZ	GLENVILLE WILLS	6055 State Rol7 Margate FZ 33068 A	DAdd Apt /E Remove
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ective date, if other than the d	late of filing:		(optiona	al)	
effective date is listed, the date must lete: If the date inserted in this blocument's effective date on the Dep	be specific and cannot be prior to ck does not meet the applical		0 days after fili	ng.) Pursi	
cord specifies a delayed effective s filed.	date, but not an effective tin	ne, at 12:01 a.m. on the ea	rlier of: (b)	The 90th	n day after th
ed MAY 1754	2021	_·			
-62-4	Signature of a member or author	 rized representative of a mem	ber		
	GENTLES Typed or printer				

Filing Fee: \$25.00