## L20000347488

| (Re                                     | equestor's Name)   |           |  |  |
|---|--------------------|-----------|--|--|
| (Address)                               |                    |           |  |  |
| (Ad                                     | idress)            |           |  |  |
| (Cit                                    | sy/State/Zip/Phone | e #)      |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |  |
| (Bu                                     | siness Entity Nam  | ne)       |  |  |
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## **COVER LETTER**

TO:

|  | gistration Se<br>vision of Cor                              |  |  |   |  |
|--|---|--|--|---|--|
| Grand Oaks Development LLC SUBJECT:  Name of Limited Liability Company |   |  |  |   |  |
|  |   |  |  |   |  |
| Please return  | n all correspo  | ndence concerning this matter                | to the following:  |   |  |
|  |   | Mary Clark                                   |  |   |  |
| Name of Person   |   |  |  |   |  |
| Grand Oaks Development LLC   |   |  |  |   |  |
| Firm/Company   |   |  |  |   |  |
| 15948 W County Road 1491   |   |  |  |   |  |
| Address  |   |  |  |   |  |
| Alachua, FL 32615  |   |  |  |   |  |
|  |   |  | City/State and Zip Code  |   |  |
|  |   | grandoaksdevelopment@ya                      | hoo.com<br>to be used for future annual report noti  | (Consider)  |  |
| For further i  | nformation co   | oncerning this matter, please ca             | ·  | neation)  |  |
| Mary Clark   |   |  | 352 538-1247<br>at ()  |   |  |
| Name of Person   |   | Area Code Daytin                             | ne Telephone Number  |   |  |
| Enclosed is  | a check for th  | ne following amount:                         |  |   |  |
| <b>■</b> \$25.00   | Filing Fee  | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |  |
| Re<br>Di<br>P.0  | diling Addressing Segistration Segistration of Cook Box 632 | Section<br>orporations<br>7                  | Street Address:<br>Registration Se<br>Division of Cor<br>The Centre of T<br>2415 N. Monro<br>Tallahassee, FL | rporations<br>Fallahassee<br>e Street, Suite 810  |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grand Oaks Development LLC

(Name of the Limited Liability Company as it now appears on our 763/red) 1 - 1 AH 1:27

The Articles of Organization for this Limited Liability Company were filed on 1702/2020 FC 1/2 1/2 1/2 5 Sand assigned 170000347488 Florida document number 1.20000347488 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

Name of New Registered Agent:

New Registered Office Address:

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.

Cirv

Enter Florida street address

\_\_. Florida \_\_\_\_

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> | <u>Name</u> | Address                                | Type of Action |
|--------------|-------------|--|----------------|
| AMBR         | Zane Clark  | 15948 W County Road 1491               | <b>≣</b> Add   |
|              |             | Alachua, FL 32615                      | _              |
|              |             |  | □Change        |
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|              |             |  | Change         |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated \_ September 25 2024 Mary Clark Typed or printed name of signee