## L20000371115

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Evelyn Gruber Enterprises 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:
Jonathan Convery LLC  Name of Person  Convery Tax + Accounting  Firm/Company  50 Leanni Way Suite Ca
50 Leanni Way Suite Ca
Palm Coast FL 32137  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
EVELYN Gruber  at (386) 868-0555  Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status 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

2023 JUL 19 14 7:32 The Articles of Organization for this Limited Liability Company were filed on 11 34 3030 and assigned Florida document number L20000371115 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 "L.L.C." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

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
AMBR	Clare, Paul C.	201 Beachway Drive	□ Add
		Palm Coast FL. 32137	<b>\rightarrow</b> Remove
			□Change
MGR	Gaber Evelyn	201 Brachway Orive	🗆 Add
	,	Parm coast fl. 32137	& Remove
			□Change
AMBR	Gruber Evelyn	201 Beachway Drive	ZIAdd
		Palm Coast FL 3213	□Remove
			□Change
MGR	Clare, Paul C	201 Beachway Drive	🔂 Add
		Dalm Coast Fl. 32137	Remove
			□Change
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lf an eff <u>Note:</u>	ive date, if other than the date of filing:
e recor rd is fi	d 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 led.
Dated	15 Suy 2023.
	Signature of a member or authorized representative of a member  Paul C (AVL  Typed or printed name of signee
	2 Faul C. Classic

Filing Fee: \$25.00