# L20 000 37Z195

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	<del></del> _
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(D.	California (California (California (California (California (California (California (California (California (Cal	
(80	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
opeoid: mondonons to	T ming Officer.	
		Ì
:		

Office Use Only



000358674150

01/23/21--01019--009 ++25.00

2021 JAN 25 AH 6: 55

O SIMMONE FEB 25 2021

#### COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

### Division of Corporations Granny Smith Enterprises LLC SUBJECT: \_ 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: Matthew G. Smith Name of Person Granny Smith Enterprises LLC Firm/Company 9772 SW 99th PL Address Gainesville, FL 32608 City/State and Zip Code mathusmith@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 404 309-1868 Matthew Smith Daytime Telephone Number Area Code Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. **■** \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Granny Smith Enterprises LLC

2021 JAN 25 AN 6: 55

(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company).	
	Company were filed on and ass	igned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited 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 ADL	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the nev</u> e:	v regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	

#### 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		ي د او د د د د د د د د د د د د د د د د د
AMBR =	Authorized Member	,	, we have a first for

<u>Title</u> MGR	Name Matthew G. Smith	Address 2021 JAN 25 AM 6: 55 9772 SW 99th Pl Gainesville, FL 32608, FB	Type of Action
		<del></del>	<b>≡</b> Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			Change
			□Add
			Remove
			□Change

		The same state
		2021 JAN 25 AM 6: 55
		6.00 C 10 C 10 C
	<del></del>	
	···-	
<del></del>	***	
		•
ective date, if other than the	date of filing:	(optional)
n effective date is listed, the date mu-	st be specific and cannot be prior to date of	(optional)  tiling or more than 90 days after filing.) Pursuant to 605,0207 ( itory filing requirements, this date will not be listed as t
cument's effective date on the D	epartment of State's records.	
	e date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day after the
		Jurat Certificate
is filed.	2021	State of FL County of ALACHILE
is filed.  January 20 ted	2021	State of FL County of ALACHUE Subscribed and sworn to (or affirmed) before me  ZOH day of January 20
is filed.  January 20	2021	State of FL County of ALACHUE Subscribed and sworn to (or affirmed) before me  Zoth day of January Zo by Glacia A Smith whose identity I verified on the basis of
is filed.  January 20	2021  Signature of a member or authorized rep	State of FL County of ALACHUM Subscribed and sworn to (or affirmed) before me  20th day of Jenuary 20  by Gloria A. Smith whose identity I verified on the basis of

\_\_\_\_

Ellen Walker
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG317411
Expires 4/16/2023