

L21000043987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

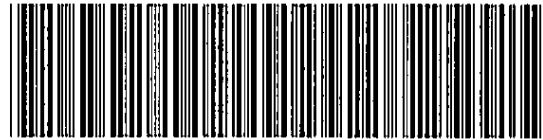
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/29/21--01037--007 **25.00

FILED
2021 MAR 29 PM 3:12
CLERK OF COURT
JULIA A. BROWN

UK
5/22/21

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: AJG4 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:

Arthur Grymes
Name of Person
The Keyes Company
Firm/Company
255 Evernia St (Apt 1118)
Address
West Palm Beach FL 33401
City/State and Zip Code
ajgrymes@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
2021 MAR 29 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Arthur Grymes 908 872-3326
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee.
Certificate of Status &
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**

AJG4 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/22/2021 and assigned Florida document number L21000043987.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Arthur J Grymes IV LLC

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)

255 Evernia St (Apt 1118)

West Palm Beach Fl 33401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

255 Evernia St (Apt 1118)

West Palm Beach Fl 33401

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:

Arthur Grymes

New Registered Office Address:

255 Evernia St (Apt 1118)

Enter Florida street address

West Palm Beach


Florida 33401

City

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 Changing Registered Agent, Signature of New Registered Agent

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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11 MAY 29 PM '34
RECEIVED
U.S. DEPT. OF AGRICULTURE
WASHINGTON, D.C.

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00