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(Re	equestor's Name)	
(Ad	ddress)	
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(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
	usiness Entity Name	<u> </u>
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Special Instructions to	Filing Officer:	-





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COVER LETTER

	gistration Sec vision of Corp				
EUD IEÆT.		Asset Management, LLC			
SUBJECT:	-	Name of Lim	ited Liability Company		
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	n all correspor	ndence concerning this matter	to the following:		
		Ryan Mynard			
			Name of Person		
		Ryan M. Mynard, Attorney	rat Law, P.A.		
			Firm/Company		
		420 East Pine Avenue			
			Address		
		Crestview, Florida 32539			
			City/State and Zip Code		
		ryan@crestviewlawfirm.cor			
			to be used for future annual i	report notification)	
For further i	nformation co	neerning this matter, please ea	ill:		
Ryan Myna	rd			3-3940	
	Name of	Person	at () Area Code	Daytime Telepho	one Number
Enclosed is	a check for the	e following amount:			
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Greenbriar Asset Management, 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 January 25, 2021 and assigned Florida document number _1.21000046159 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Greenbrier Asset Management, 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) 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 , Florida j Cin

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>	<u>Name</u>	Address	Type of Action
MGR	Jane Gring	45 Chevaux Circle	
		Little Rock, Arkansas 72223	
			■ Change
MGR	Clayton G. Gring, Jr.	100 SE 5th Avenue	□Add
		Suite 217	□ Remove
		Boca Raton, Florida 33452	
<u></u>			□ Add
			□Remove
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Note: If the	date is fisted, the half date inserted in the	te musi ne specific a	and cannot be prior it meet the applica	to date of filing or r able statutory filir	option (option or than 90 days after agreed in the contract of	o nal) filing.) Pursuant to 605. s date will not be liste	.0207 (ed as t
record spec d is filed.	rifies a delayed efi	fective date, but n	iot an effective tii	me, or 12:01 a.m.	on the earlier of: (b) The 90th day after	the
Dated	Merch	15	2021	·			
		H	>				
_	<u> </u>	Signature of	a member or autho	rized representative	of a member		

Filing Fee: \$25.00