

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Gravesend Bo	d Liability Company
The enclosed Articles of Amendment and fee(s) are submi	
Please return all correspondence concerning this matter to	the following:
	Name of Person
Jeremiah	Baron o Co. Commercial Real Estate
49 SW 1	Flagler Are. Suit 301
Stuart f baran C	Commercial Scalestate 11c.com e used for future annual report notification)
For further information concerning this matter, please call:	
Teremiah Baron Name of Person	at (772) 286-5744 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum \text{S25.00 Filing Fee} \sum \text{\$\sum \text{\$30.00 Filing Fee} & Certificate of Status}	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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**

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Gravesend Baran 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 $2-2-2021$ and assigned Florida document number $L21000058956$
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: Jeremiah Baron
New Registered Office Address: 49 SW Flagle Ave Suit 30] Enter Florida street address
Stout Florida 34994 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

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
AVZ	matthew Koblegard	49 SW Flagles Ave suit 301	□Add
		Are suit 301	ERemove
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If an effect Note: I	re date, if other than tive date is listed, the da f the date inserted in the nt's effective date on the	te must be specitic his block does no	and cannot be prion of meet the appli	cable statutory filir	(option fore than 90 days after fi g requirements, this o	nal) ling.) Pursuant to 605.0203 date will not be listed as
e record d is file	specifies a delayed ef d.	fective date, but r	not an effective t	ime, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated _	August	Sth	202	<u>l</u> .		
		Signature of	a member or auth	esized representative	of a member	