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(((H24000053180 3)))



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Division of Corporations

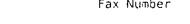
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📑 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REMINGTON MCGRUFF LLC

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FEB 1 2 2024

COVER LETTER

то:	Registration Sc Division of Cor			(((H24000053180 3)))
C1:D 13	ECT:		ON MCGRUFF LLC	
50133	.C1:		ited Liability Company	
The en	closed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Name of Person	
		·		
		.cl 1221@1cl	City/State and Zip Code	
		efile 234@inefile.com F-mail address: (to be used for future annual report notifier	tion)
For fur	ther information c	oncerning this matter, please of	all:	
LOVE	TTE DOBSON		1 (888) 462-3453	
	Name o	f Person	Area Code Daytime T	elephone Namber
Enclose	ed is a check for th	e following amount:		
■ \$2.	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	© \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, F	section orporations 7	Street Address: Registration Section Division of Corpo The Centre of Tall 2415 N. Monroe S Tallahassee, FL 31	rations lahassee street, Suite 810

2/8/2024 19:24:53 CST Page: 3/5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H240000531803)))

(((H24000053180 3)))

REMINGTON M	CGRUFFILC
(Name of the Limited Liability Compar iA Florida Lumted I.	ny as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.21000060479	were filed on $\frac{02/03/2021}{}$ and assigned
This amendment is submitted to amend the following:	,
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Lunited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	202
(Principal office address MUST BE A STREET ADDRESS)	TALL TE
	H: 0
	ASSE PR
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the name of the new registered
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is
	

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H240000531803)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jacquelin Cano	711 Forest Club Drive	
		Apartment 210	□Remove
		Wellington, FL 33414	
AMBR	Joseph Cano	711 Forest Club Drive	□Add
		Apartment 210	_
		Wellington, FL 33414	■ Change
			□Add
			Remove
			(∏Add
			□Remove
			☐ Change
			□Add
			<u>U</u> Remove
			☐ Change
		_	□ Add
			□Remove
			□Change

				((H2400005318
mending any other informat	ion, enter change(s) here	e: (Attach additiona	il sheets, if necessar	3· <i>)</i>
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fective date, if other than the	date of filing:		(optional	l)
an effective date is listed, the date mus ote: If the date inserted in this bl	a he specific and cannot be prio ock does not meet the appli	or to date or ming or mor cable statutory filing:	requirements, this da	te will not be listed as
ocument's effective date on the D	epartment of State's records	S		
record specifies a delayed effectiv	e date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
is filed.				
FEBRUARY 7	2024			
ated		·		
	Tours	a Coma		
	Signature of a member or aud	horized representative of	î a member	
	r	uliu fiaca		
		elin Cano		
		nted name of signec		

Filing Fee: \$25.00

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