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## **COVER LETTER**

TO: Registration Sc Division of Cor			
SUBJĘCT:	R Grading		
	Name o <b>F</b> Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	•	Name of Person	
	TSRG	ruling 210	
	5031 57	aley RD #	Myers Fl 33905
	Fort Mye	City/State and Zip Code	2
	Me 29 4 HC E-nkil address: (1	Ray O Gma, 1, to be used for future annual report no	Chm ititication)
For further information c	oncerning this matter, please ca	all:	
Stefan Name o	i gutierrez	at ( <u>734</u> ) <u>985</u> Area Code Dayti	ne Telephone Number
Enclosed is a check for the	ne following amount:		
图 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9 Division of C	Section	<u>Street Address:</u> Registration S Division of Co	
P.O. Box 6327		The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

13 N Grading L	LC.	2021 MAR 18 PM 1: 23
(Name of the Limited Liability (A Florida)  The Articles of Organization for this Limited Liability Co Florida document number 2 10000 739 7 2  This amendment is submitted to amend the following:		SECRETARY OF STATE TALL AHASSET OF
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDR		"LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>c</u>	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street (	uldress
		Florida
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Ray Mexquitte	5031 Staley RD.	CBAGG
	'	5031 Staley RD, FT MICKS IFL 33905	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
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			🗆 Add
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			□Change
			□Add
			□Remove
			∏Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I didn't add any owner or
I didn't add any awner or Officer when originall filed.
If any questions CAN Me at (239) 850-3945
E. Effective date, if other than the date of filing:
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.
Dated $\frac{3/18/z}{}$ .
Signature of a member or amborized representative of a member
Ray Mekquitic Typed or printed name of signee