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CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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COVER LETTER

Division of C	Corporations		
GR ENT	TERPRISES OF LONGWOOD	LLC	
_	Name of L	imited Liability Company	
The enclosed Articles	of Amendment and fee(s) are si	ubmitted for filing.	
Please return all corres	spondence concerning this matte	er to the following:	
	DENISE MORRILL		
		Name of Person	
	LIQUOR LICENSE PRO	PESSIONALS LLC	
		Firm/Company	
	725 N MAGNOLIA AVI	Ę	
		Address	
	ORLANDO FL 32803		
	<u> </u>	City/State and Zip Code	
	denise@liquorlicenseprofe		
For further information		to be used for future annual report not	ification)
	concerning this matter, please of	all:	
DENISE MORRILL		386 222-9668 at ()	
Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	the following amount:		
	☐ S30.00 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 Address Registration S	Section	Street Address: Registration Sec	ction

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

Registration Section

TO:

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GR ENTERPRISES OF LONGWOOD 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 02/22/2021 _____ and assigned Florida document number 1.21000077401 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 "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) U 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

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.

, Florida

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
AMBR	FRIAS, GRISELDA V	1231 EASTLAND POINT	_
		LONGWOOD FL 32750	
MBR	HISTORIC DAN DOOLAGE		□Change
	HISTORIC BAR ROOM LLC	323 N RONALD REGAN BLVD	□Add
		LONGWOOD FL 32750	□Romove
14120			= Change
MBR ———	HISTORIC CIGARS OF LONGWO	321 N RONALD REGAN BLVD	□ Add
		LONGWOOD FL 32750	□Remove
			Change
			🗆 Add
			□Remove
			□Change
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			□Remove
			□Change
			□Add
			□Remove
			□Change

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Filing Fee: \$25.00