## L21000105265

(Re	questor's Name)	<del></del>
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(Cit	y/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special instructions to	Filing Officer:	
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KEDETYED

FLORIDA DEPARTMENT OF STATE PROPERTY OF STATE Division of Corporations

July 20, 2021

**ELIZABETH ENGSTROM** 14 BASSWOOD DRIVE SANTA ROSA BEACH, FL 32459

SUBJECT: LETS SAY GRAZE LLC Ref. Number: L21000105268

We have received your document for LETS SAY GRAZE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 021A00016687

(1)

www.sunbiz.org

## **COVER LETTER**

TO: Registration Se Division of Cor				
Let's Say G	тале			
SUBJECT:			<del></del>	
	Name of Lim	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:		
	Elizabeth Engstrom			
		Name of Person		
		Firm/Company		
	14 Basswood Drive			
	<del></del>	Address		
	Santa Rosa Beach, FL, 32-	459		
	eme8106@gmail.com	City/State and Zip Code	;	Q:
	E-mail address: (	to be used for future annual report noti	fication)	
For further information of	concerning this matter, please c	all:		
Audra Martin		651 983-0541		: _0
<u> </u>		at ()		
Name o	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Certificate o Certified Col (additional copy	f Status & py
Mailing Addre		Street Address:	ation	
Registration Division of O		Registration Se Division of Con		
P.O. Box 633		The Centre of	-	
Tallahassee,		2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Let's Say Graze		_	
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our t Liability Company)	<u>vcords.</u> )
he Articles of Organization for this Limited L lorida document number	iability Company	were filed on March 1, 20	and assigned
his amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
he new name must be distinguishable and contain the	words "Limited Liabi		"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	3906 Hwy 98 W.	- <del></del>
Principal office address MUST BE A STREE	ET ADDRESS)	Suite 40	2150
		Santa Rosa Beach, FL. 3	
Enter new mailing address, if applicable:		201 Hackberry Way	_
Mailing address MAY BE A POST OFFICE	<u> </u>	Santa Rosa Beach, FL. 3	2459 <sub>7</sub> ,
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, 9	-D
Name of New Registered Agent:	Audra Martin		<u> </u>
New Registered Office Address:	201 Hackberry	·Way	24
nen magigierea o mae riadress.		Enter Florida street	
	Santa Rosa Be	ach	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 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

Title	<u>Name</u>	Address	Type of Action
Mgr	Audra Martin	201 Hackberry Way, Santa Rosa Beach, FL 32459	<b>=</b> Add
<del></del>			<b>=</b> Aud
			🗆 Remove
			□Change
Mgr	Elizabeth Engstrom	14 Basswood Drive, Santa Rosa Beach, FL 32459	□ Add
			≣Remove
			Change
AMBR	Elizabeth Engstrom	14 Basswood Drive, Santa Rosa Beach, FL32459	■Add
			□Remove
			□Change
AMBR	Audra Martin	201 Hackberry Way, Santa Rosa Beach, FL 32459	€) □Add
		-	! ≣Remove
			<u>⇒</u> = .1
			— □Change
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