L21000118150

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/Si	tate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Nai	me)
(Docum	nent Number))
Certified Copies	Certificate	s of Status
Special Instructions to Filir	ng Officer;	

Office Use Only



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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>04/24/2023</u>	-	**	*WALK IN**
ENTITY NAME Graves	Road Brandon LLC		
DOCUMENT NUMBER_			
	PLEASE FILE THE A	ATTACHED AND RETURN	
	Plain Copy		
XXXXX	Certified Copy		
	Certificate of Status		
7	PLEASE OBTAIN THE FOLL	OWING FOR THE ABOVE ENTITY	_
	Certified Copy of Arts & 1	Amendments	
	Certified Copy of Arts & 1	Amendments Complete File (Including Annual Reports)	
	Certificate of Status		
	Certificate of Status Reflec	ting:	<u> </u>
	APOSTILLE' / NOT	TARIAL CERTIFICATION	
COUNTRY OF DESTINATION	DN		
NUMBER OF CERTIFICATI	ES REQUESTED		
TOTAL OWED \$ 55.00		ACCOUNT # 120140000108 / United Corporate Services, Inc.	1 mail
Plance call Time at the	s ahous mumbon for our	issues on concerns Thank was so work	<i>[U</i>]

Registration Section
Division of Corporations

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COVER LETTER

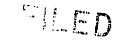
SUBJECT: Graves		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
	macros concerning and matter	to the lonowing.	
	Amy Allen		
	Anty Allen	Name of Person	
	United Corporate Se	ervices, Inc. Firm/Company	
		r imecompany	
	80 State Street, Suite	1101	
		Address	
	Albany, NY 12207	City/State and Zip Code	
		Cuy/state and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please c	all:	
	silver mig tims matter, pretise e	ui).	
		at ()	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Authentisign ID: 7B9FB0AC-9A80-4763-B38C-07486CGEE185

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 A - 2 24 PH 12: 56 GRAVES RD BRANDON 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 March 22, 2021 and assigned Florida document number L21000118150 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: New Registered Office Address: Enter Florida street address City

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

Authorisante 7818884 341807 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
MGR	David Dickey	401Patrica Road NE	
		St. Petersburg, FL 33702	C !:
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f an effecti	e date, if other the	date must be specifi	ic and cannot be p	rior to date of filin	g or more than 90 c	_ (optional) lays after filing	.) Pursuant t	o 605.020
<u>Note:</u> It document	the date inserted in the date of	n this block does in the Department	not meet the app t of State's reco	olicable statutory rds.	filing requireme	ents, this date	will not be	e listed a
ne recor The 90	rd specifies a c 0th day after t	elayed effecti he record is fi	ve date, but led.	not an effect	ive time, at 1	2:01 a.m.	on the e	arlier o
Dated	04/24/2023							
	· - -		—· —	 •				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00