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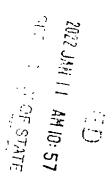
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A. RIVERS

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## **COVER LETTER**

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TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

GRAVITY SUBJECT:	REAL ESTATE, LLC					
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	DON PINGARO					
	Name of Person					
	GRAVITY REAL ESTAT	E. LLC				
		Firm/Company				
	10837 GARDEN RIDGE	COURT				
		Address				
	DAVIE, FLORIDA 3332	8				
		City/State and Zip Code	<del></del>			
	donnie.pingaro@sideinc.co					
		to be used for future annual report noti	fication)			
For further information c	oncerning this matter, please c	all:				
Don Pingaro		305 389-2922				
Name of Person		at ()	e Telephone Number			
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	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 Addres Registration S		Street Address: Registration Se	ction			
Division of C		Division of Corporations				
P.O. Box 632	•	The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRAVITY REAL ESTATE, 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  $\frac{4'5/2021}{}$ \_\_\_\_\_ and assigned Florida document number <u>L21000142482</u> 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 "L.L.C." 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 Citv

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
MGR	JACOB LYMAN	10837 GARDEN RIDGE COURT	
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(If an effec <u>Note:</u> If	e date, if other than the tive date is listed, the date in this in this at a feet on the date on the date on the selfective date on the date.	must be specific and ca s block does not mee	nnot be prior to da It the applicable	te of filing or more	(opti than 90 days after requirements, thi	filing.) Pursuant to $\theta$	905.0207 (3) isted as the
the record second is	specifies a delayed effec I.	rtive date, but not an	effective time,	at 12:01 a.m. on	the earlier of: (b	) The 90th day a	fier the
Dated _	December 29	· .	2021				
		Signature of a men					
		Signature of a mer	mber or authorized	I representative of	`a member		
	Don Pingaro						
		T	yped or printed na	me of signee			