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(Requestor's Name)
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PICK-UP WAIT MAIL
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## **COVER LETTER**

Division of Cor			•	
2305 Inves	tors, LLC			
SUBJECT:	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:		
	Shannon Brookshire			
		Name of Person		
	Grover Corlew of Florida,	LLC		
	<del> </del>	Firm/Company		
	1499 West Palmetto Park	Road, Ste 415		
Address				
	Boca Raton, FL 33486			6- A01632
		City/State and Zip Code		
	sbrookshire@grovercorlew			
	E-mail address: (	to be used for future annual report not	fication)	
For further information of	concerning this matter, please co	all:		
Shannon Brookshire		404 245-4962 at ( )		. 0
Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Addres		Street Address:		
Registration Division of C		Registration Se Division of Co		
P O Roy 633	•	The Centre of	-	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2305 Investors, LLC		
(Name of the Limited Liability Compa (A Florida Limited	i <mark>ny as it now appears on our record</mark> Liability Company)	<u>is.</u> )
he Articles of Organization for this Limited Liability Company lorida document number	were filed on June 14, 2021	and assigned
his amendment is submitted to amend the following:		
•		
. If amending name, enter the new name of the limited liab	<u>mry company nere</u> :	
G&C 2305 Investors, LLC		
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS		- 1872 - 1872
Terrespos of free same cas in OST DE 71 STREET TO DECEMBE	-	-,1
	N/A	, co
nter new mailing address, if applicable:	<del></del>	,
<u> 1 Iailing address MAY BE A POST OFFICE BOX</u>		
		<u> </u>
		•
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	55
		orida
	City	Zin 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, 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	Mark Corlew	1499 W Palmetto Park Rd, Ste 4115	<b>■</b> Add
		Boca Raton, FL 33486	□Remove
			Change
			E PRemove
			dGChange
			. □Add
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lote: If the date insocument's effective record specifies a data is filed.			effective time	ed representativ		of: (b) Th	ne 90th day after the

Filing Fee: \$25.00