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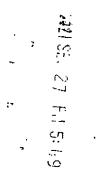
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

en las trozer	ABING	TON PRESERVE, LLC		
SUBJECT: _		Name of Limi	ted Liability Company	···
The enclosed /	Articles of .	Amendment and fee(s) are sub	nitted for filing.	
Please return a	ill correspo	ndence concerning this matter	to the following:	
		RONALD P. GRIGSBY, S	SR.	
		-	Name of Person	
		ABINGTON PRESERVE.	LLC	
			Firm/Company	
		1511 US 27 S		
		-	Address	
		LAKE PLACID, FL 3385	2	
			City/State and Zip Code	
		smurphy@rockinggranch.bi		
		E-mail address: ()	to be used for future annual report not	ification)
For further inf	ormation c	oncerning this matter, please co	ıll:	
Stephanie Mu	irphy		863 465-4455	
	Name o	f Person	at ()	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
<b>■</b> \$25.00 Fi	ling 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)
	ing Addres		Street Address:	
	istration S ision of C		Registration Sc Division of Co	
Division of Corporations P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABINGTON PRESERVE, LLC

•
issigned
"L.L.C."
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k

## 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

<u>Title</u>	<u>Name</u>	4-18: 27 PH 5: 49	Type of Action
MGR	PHILIP R. GRIGSBY SR.	632 SUNSET POINTE DR. LAKE PLACID, FL	□Add
		LAKE PLACID, FL 33852	=Remove
			□Change
MGR	RONALD P. GRIGSBY SR	632 SUNSET POINTE DR. LAKE PLACID, FL	<b>=</b> Add
		LAKE PLACID, FL 33852	□Remove
			□Change
			🗆 Add
			□Remove
			Change
		<del></del>	□Add
			□Remove
			□ Change
			🗆 Add
			🗆 Remove
			□ Change
			□Add
			□Remove
			Channa.

E. Effective date, if other than the date of filing:  (than effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.		All Second
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Dated <u>September 24. 2021</u>		
anald Grisley	Dated	September 24. 2021  Ronald Signature of almember of authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee