## 121000336083

(Re	equestor's Name)	<del> </del>
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PICK-UP	☐ WAIT	MAIL
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22 FED - 7 - FHI2: 23

T. MATTHEWS FEB 17 2022

## **COVER LETTER**

TO:

TO; Registration So Division of Cor			
	Grimus 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:	
	McCabe Harrison		
		Name of Person	
	Sniblet & Grimus LLC		
		Firm/Company	
	6224 NW 43rd Street Suite	: B	
		Address	
	Gainesville, FL 32653		
	mccabe@harrisonestatelaw.	City/State and Zip Code	
	<del>-</del>	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
McCabe Harrison		352 559-9828	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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)
Na. W A 22		Samue Chimero	
<u>Mailing Addres</u> Registration !		<u>Street Address:</u> Registration Se	
Division of C	-	Division of Cor	•
P.O. Box 632 Tallahassee, l		The Centre of T	e Street, Suite 810
i ananassee,	1 to 2 42 1 T	Tallahassee, FL	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sniblet & Gimus LLC

company has been notified in writing of this change.

22 FET -7 FT112: 23

( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)		
The Articles of Organization for this Limited Liability Comp Florida document number <u>L21000336083</u>	pany were filed on $\frac{7/23/2021}{}$ and assigned and assigned		
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 !	.iability Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	6224 NW 43rd Street		
(Principal office address MUST BE A STREET ADDRESS	Suite B		
	Gainesville, FL 32653		
Enter new mailing address, if applicable:	6224 NW 43rd Street		
(Mailing address MAY BE A POST OFFICE BOX)	E BOX) Suite B		
	Gainesville, FL 32653		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registered</u>		
Name of New Registered Agent:	sey C. Harrison		
New Registered Office Address: 6224 NW 4	3rd Street Suite B		
	Enter Florida street address		
Gainesville	. Florida 32653 Zip Code		
New Registered Agent's Signature, if changing Registered Age	City Zip Code		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple	survee to act in this canacity. I further agree to comply with the		

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

If agrenting 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	McCabe G. Harrison	6224 NW 43rd Street Suite B	□ Add
		Gainesville, FL 32653	□Remove
			<b>■</b> Change
MGR	Casey C. Harrison	6224 NW 43rd Street Suite B	□Add
		Gainesville, FL 32653	□Remove
			■ Change
		<u> </u>	□Add
			□Remove
			□Change
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