K21000380841

(Requestor's Name)
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(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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2021 SEP 20 PH 3: 1

COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	David B. Garvey			
		Name of Person		
	GARVEY GARDENS SO	UTH LLC		
		Firm/Company		
58 Heys Hollow Trail				
		Address		
	Crawfordville Florida 323	27		
		City/State and Zip Code		
	brandongarvey85@gmail.co			
	E-mail address: (to be used for future annual report notif	ication)	
For further information of	concerning this matter, please c	all:		
David B. Garvey		864 612-4092 at ()		
Name o	of Person	Area Code Daytime	· Telephone Number	
Enclosed is a check for t	he 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 enclose)	

TO:

Registration Section Division of Corporations

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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2021 SEP 20 PM 3: 11

GARVEY GARDENS SOUTH LI	.c	SECRETARY TALL AHASSE t now appears on our records.	OF STATE
(Name of the Lim	ited Liability Company as i (A Florida Limited Liability	t now appears on our records.)	tartum
The Articles of Organization for this Limited I Florida document number L21000380841		filed on August 25, 2021	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability c	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Cor	mpany." the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE.	ET ADDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and/or agent and/or the new registered office address		ss on our records, <u>enter the n</u> a	ame of the new registered
Name of New Registered Agent:	Leah E. Garvey		
New Registered Office Address:	58 Heys Hollow Trail		
		Enter Florida street address	
	Crawfordville	Florida	32327

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.

City

1184.

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	Leah E. Garvey	58 Heys Hollow Trail Crawfordville FL 32327	
			□Remove
			□ Change
AMBR	David B. Garvey	588 Heys Hollow Trail Crawfordville FL 32327	= Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
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7.				
effective date, if other than the effective date is listed, the date in	ne date of filing:		(opti	onal)
effective date is listed, the date m	nust be specific and cannot b	e prior to date of filin	g or more than 90 days afte	r filing.) Pursuant to 605.020
e: If the date inserted in this ument's effective date on the	Department of State's re	applicable statutory	tiling requirements, thi	s date will not be listed a
cord specifies a delayed effect i filed.	live date, but not an effec	tive time, at 12:01	a.m. on the earlier of: (b	 The 90th day after the
, med.				
September 10	2021			
ed		·		
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Kh E. Je	7			
Rh E. S	Signature of a member of	r authorized represen	stative of a member	

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S. S. S. S. L. S.

Filing Fee: \$25.00