

K22000061485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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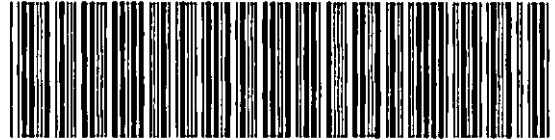
(Business Entity Name)

(Document Number)

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FILED

2022 MAY 23 AM 11:43

1-20

cf 7/24/2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Grandberry Estates LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frankie Grandberry

Name of Person

Grand Revenue Cycle Management Inc.

Firm/Company

1204 Black Knight Dr

Address

Valrico, FL 33594

City/State and Zip Code

grandberryestates@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frankie R Grandberry

813

486-4361

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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
TO
ARTICLES OF ORGANIZATION
OF**

2022 MAY 23 AM 11:43

Grandberry Estates 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 02/04/2022 and assigned
Florida document number L22000061485.

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 "LLC" 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

Florida

City

Zip 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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	ALEXIS WALKER	2605 E 27TH AVE	<input type="checkbox"/> Add
		TAMPA, FL. 33605	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EMANUEL GRANDBERRY SR	1204 BLACK KNIGHT SR	<input checked="" type="checkbox"/> Add
		VALRICO, FL. 33594	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EMANUEL GRANDBERRY JR	1204 BLACK KNIGHT DR	<input checked="" type="checkbox"/> Add
		VALRICO, FL. 33594	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SAMUEL GRANDBERRY	1204 BLACK KNIGHT DR	<input checked="" type="checkbox"/> Add
		VALRICO, FL 33594	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANGL LEE	2053 FICUS CT	<input type="checkbox"/> Add
		STONE MOUNTAIN, GA. 30083	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an 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 (3)(b)

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.

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Frankie Grandberry
Typed or printed name

Typed or printed name of signee