

L22000168093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

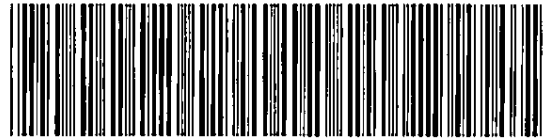
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Grizzly BEER R, 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:

Karen Horton

Name of Person

Firm/Company

4077 N. Chinook Ln

Address

Ormond Beach, FL 32174

City/State and Zip Code

Kandgh4@gmail.com

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

For further information concerning this matter, please call:

Karen Horton

Name of Person

at

(386)

Area Code

405-3760

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)

already paid \$43.75

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

Grizzly BRRRR, 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 04/07/2022 and assigned Florida document number L22000168093

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

4077 N. Chinook Ln
Ormond Beach FL
32174

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

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:

The Horton Family Trust

New Registered Office Address:

4077 N. Chinook Ln

Enter Florida street address

Ormond Beach

City

Florida

32174

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.

Kara Holt

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> |
|--------------|--------------------------------|---------------------------|--|
| <u>MGR</u> | <u>Alexander M. Horton</u> | <u>5817 Shale Ct</u> | <input type="checkbox"/> Add |
| | | <u>Winter Park, FL</u> | <input checked="" type="checkbox"/> Remove |
| | | <u>32792</u> | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>Karen S. Horton</u> | <u>4077 N. Chenook Ln</u> | <input type="checkbox"/> Add |
| | | <u>Ormond Beach, FL</u> | <input checked="" type="checkbox"/> Remove |
| | | <u>32174</u> | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>Galen Patrick Horton</u> | <u>4077 N. Chenook Ln</u> | <input type="checkbox"/> Add |
| | | <u>Ormond Beach, FL</u> | <input checked="" type="checkbox"/> Remove |
| | | <u>32174</u> | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>The Horton Family Trust</u> | <u>4077 N. Chenook Ln</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Ormond Beach FL</u> | <input type="checkbox"/> Remove |
| | | <u>32174</u> | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

[illegible]

(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)

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.

Dated 8 / 16 . 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee