



	(Requestor's Name)
	(Address)
	(Address)
,	(City/State/Zip/Phone #)
PICK-UP	P MAIL MAIL
	(Business Entity Name)
•	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
<u> </u>	

Office Use Only



700430642717

05/30/24--01024--003 ++25.00

024 MAY 30 PM 4: 20

DocuSign Envelope ID: EE8E'41C2-F2DD-46C2-8011-C0F39D0332BE

TO: Registration Division of C		•	•	
	OULDERS, LLC	:	7	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	Cuyler E. Blocker			
		Name of Person		
	,	Firm/Company		
	3520 St Johns Bluff Rd S S			
		Address		
	Jacksonville, FL 32224			
	<u> </u>	City/State and Zip Code		
	ceblocker@gmail.com			
		to be used for future annual report noti	fication)	
For further information	n concerning this matter, please concerning	all:		
Craig Johnson, Esq.		904 798-5453 at ()		
Nam	e of Person		e Telephone Number	
Enclosed is a check fo	r the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

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

DocuSign Envelope ID: EEBE41C2-F2DD-46C2-8011-C0F39D0332BE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRIP BOULDERS, LLC					
(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our r mited Liability Company)	ecords.)			
The Articles of Organization for this Limited Liability Com Florida document number L22000438955	iability Company were filed on 10/11/2022		and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	d liability company here:				
BLOCKER BOULDERS, LLC					
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbre	viation "I.	"L.C."	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRES	<u> </u>		2d24		
			<u> </u>	<u>.</u>	
		_ `;	ΑY) {	
Enter new mailing address, if applicable:			30	1	
(Mailing address MAY BE A POST OFFICE BOX)		مين الميان ا مناز الميان	PH	111	
Truning duaress MAT BE A LOST OF FICE DOAL		7109	<u></u>		
		 - <u>-</u>			
B. If amending the registered agent and/or registered of	ffice address on our records, e	nter the name o	f the ne	w registe	
agent and/or the new registered office address here:	ince address on our records, <u>c</u>	mer the hame o	1 the ne	TT TELESCE	
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

DocuSign Envelope ID: EEBE41C2-F2DD-46C2-8011-C0F39D0332BE in amenuing Authorized rerson(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>	Type of Action
			□Change
			□Add
			□Change
			□Add
			□ Change
			\ Add
			□Remove
			□ Add
			□Remove
			□Remove

Page 2 of 3

								_
								_
								_
								_
						<u> </u>		_
							-	_
								-
								_
								_
								_
								_
								_
				-				_
								_
					· · · · · · · · · · · · · · · · · · ·			_
· · · · · · · · · · · · · · · · · · ·								_
Effective date, if of If an effective date is linguistry. If the date in document's effective	sted, the date must l serted in this bloc	be specific and c ck does not me	cannot be prior to cet the applica	o date of filing of ble statutory f	or more than 90 filing requires	(optiona) days after filir nents, this da	g.) Pursuant to 60	05.0207 (3 sted as th
he record specif	ies a delayed after the reco		ite, but not	an effectiv	ve time, at	12:01 a.m	. on the earl	ier of:
The 90th day			2024					
The 90th day Dated May 28	gned by:	· · ·	2024	_·				
The 90th day Dated May 28	gned by:			_•				
The 90th day Dated May 28	gned by:	ignature of a me		ized representa	ative of a mem	oer		

Page 3 of 3

Filing Fee: \$25.00