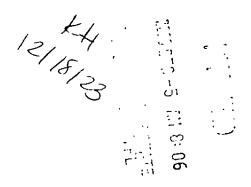


(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





12/95/23--01010--010 **25.00



COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	G. R. Home Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Matro	Name of Person	
	M.G R	Home LL Firm/Company	
	12591 nw 9	57th Pl Coral	<u>Springs</u> FL 33076
	Coral S WGO trust	Prings FL 3 City/State and Zip Code (Plifeinc. Com to be used for future annual report notifi	3076
For further information c	oncerning this matter, please ca	all:	F 97
Martel Wi Name o	Mans f Person	at (954) (33)	Z 7/03
Enclosed is a check for the			1 8 0 1 8 0
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, 1 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

(Name of the Limited	Liability Company as it now app Florida Limited Liability Compan	nears on our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L 2 2 0 0 0 5</u>	pility Company were filed on	12/16/202	22 and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company	<u>there</u> :	
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	ole:		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or reg agent and/or the new registered office address		er records, enter the nai	me of the new registere
Name of New Registered Agent:	Mateo	Milliar	NO II
New Registered Office Address:	Enter	Florida street address	(10) co
	City	Florida _	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

Title	Name	Address NW <7th of	Type of Action
<u>tMB</u> R	Mateo Milliams	Address NW 1259/ DEF 57th pl Coral springs FL 33076	_ ⊡Add
			□Remove
			_ □Change
			🗖 Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			DAdd
		· ·	□Remove
			© Elado
			□Remove
			□Change
			□Add
			□Remove
			□Channa.

 -		-			
					
				<u>-, , ,</u>	
					
_					
		-		•	
		 .			
		<u> </u>		<u>.</u>	
				-	
					2(2)
					· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·				
Mantina data if a	thou thou the date of	Clin		(ontional)	
Iote: If the date in:	other than the date of sted, the date must be specif serted in this block does e date on the Departmen	not meet the applicab	date of filing or more than ble statutory filing requi	90 days after filing.) rements, this date	Pursuant to 605 02 vill not be listed :
record specifies a c l is filed.	delayed effective date, bu	it not an effective tim	e, at 12:01 a.m. on the c	earlier of: (b) The	90th day after th
rated \\	19/2023	<u>></u>	- <i>*</i>		
ί	1/1/2 -	142			
	000				
	Signature	of a member or authori	zed representative of a me	mber	

Filing Fee: \$25.00