## L23000168898

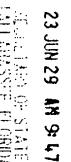
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COVER LETTER TO: Registration Section **Division of Corporations** GREG 7, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **GREGORY KHARONOV** Name of Person **GREG KELNER HOMES** Firm/Company 3433 LITHIA PINECREST ROAD, STE 314 Address VALRICO, FL 33596 City/State and Zip Code KHARONOV@KELNERHOMES.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GREGORY KHARONOV 929-3569 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **■ \$25.00** Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: **Registration Section** Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

Tallahassee, FL 32314

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

23 JUN 29 AM 9: 47

GREG 7, LLC

(Name of the Limited Liability Company as it now appears on our records:)

(At Folioa Chinea	Emointy Company)-111	C C C C C C C C C C C C C C C C C C C	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{04/05/2}{1}$	2023	and assigned
Florida document number L23000168898			_ ,
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the design	nation "LLC" or the abb	reviation "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)			
			<del></del>
B. If amending the registered agent and/or registered office a	address on our roccu	ede antor the name	of the new vegictors
agent and/or the new registered office address here:	address on our recor	us, enter the name	of the new registere
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			
	Enter Florida s		
<u> </u>		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Chap	duties, and I am fa oter 605, F.S. Or, i	miliar with and f this document is

If Changing Registered Agent, Signature of New Registered Agent

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IT amending 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>	Address	Type of Action
MGR	KHARONOV, GREGORY	3433 LITHIA PINECREST ROAD	□Add
		STE 314	■Remove
		VALRICO, FL 33596	□Change
MGR	GREG KELNER, LLC	4920 W CYPRESS ST	
		STE 104	□Remove
		TAMPA, FL 33607	
<u>.</u>			□Add
			□Remove
		<del></del>	□Change
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		<del></del>	□Remove
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an effec ote: If	ctive date is listed, t f the date inserted	than the date of the date must be speci d in this block does e on the Departmen	ific and cannot be s not meet the a	pplicable statuto	ing or more than 90 ry filing requirer	(optional) days after filing.) ments, this date v	Pursuant to 605.0207 vill not be listed as
ecord is filed	specifies a delayo	ed effective date, b	out not an effect	ive time, at 12:0	l a.m. on the ear	lier of: (b) The	90th day after the
ted _	UNE 27TH		2023				
	DocuSigned	1.7		authorized represe			
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Filing Fee: \$25.00