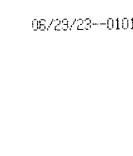
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TO:

TO: Registration S Division of Co			
GREG 10,	LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
	GREGORY KHARONOV	/	
		Name of Person	· ·
	GREG KELNER HOMES	3	
		Firm/Company	
	3433 LITHIA PINECRES	T ROAD, STE 314	
		Address	
	VALRICO, FL 33596		
		City/State and Zip Code	
	KHARONOV@KELNERI		
For further information of	te-mail address: ((to be used for future annual report no all:	ourcation)
GREGORY KHARON	ov	917 929-3569 at ()	
Name o	of Person		me Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addres</u> Registration		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

DocuSign Envelopé ID: 910E247A-2188-43D5-94FC-457B6A5305F2 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2023 JW29 PM 1:03

GREG 10, LLC

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

(A Florida Lim	ited Liability Company)	100		
The Articles of Organization for this Limited Liability Comp.	pany were filed on 04/05/2023	and assigned		
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 I	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	<u> </u>			

Enternance and the said decrease of the said of the sa				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:	ice address on our records, enter the	name of the new registered		
New Registered Office Address:	Enter Florida street address			
	Florida			
	City , Fioria	a Zip Code		
New Registered Agent's Signature, if changing Registered Ag	ent:			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my duties, and I as provided for in Chapter 605, F.S.	am familiar with and Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

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It 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>	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	≣ Add
		STE 104	□Remove
		TAMPA, FL 33607	□Change
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			Change

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ffecti	ive date, if other	than the date of	filing:		(optional)	
fan eff Note:	fective date is listed, to If the date inserted	the date must be speci d in this block does	fic and cannot be p a not meet the an	prior to date of filis plicable statutor	ig or more than 90 days v filing requirements	after filing.) Pursuant to s, this date will not be	605.0207 (
locum	ent's effective dat	e on the Departmen	nt of State's reco	rds.	, mig requirement	, ms date 77m not be	113100 03 1
recor	d specifies a delay	ed effective date, b	ut not an effectiv	ve time, at 12:01	a.m. on the earlier of	of: (b) The 90th day	after the
d is fil	led.						
	JUNE 27TH		2023				
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Dated	Pocu\$igne	d by:					
Dated	(C	1.1					
Dated	Gryon SACODOO7	Elaronou EAC45C Signatur	of a member or a	uthorized represe	ntative of a member		-
Dated	Gryon 8AC00007	Elaronou JEAC45C Signatur	c of a member or a	uthorized represe	ntative of a member		-

Filing Fee: \$25.00