## 123000323267

| (Requestor's Name)                      |   |
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| (City/State/Zip/Phone #)                |   |
| PICK-UP WAIT MAIL                       |   |
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| (Business Entity Name)                  |   |
|   |   |
| (Document Number)                       |   |
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| Certified Copies Certificates of Status |   |
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| Special Instructions to Filing Officer: |   |
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Y. SCOTT OCT 15 2023

## **COVER LETTER**

| TO:             | Registration Se<br>Division of Cor |  | -   |   |                          |
|-----------------|------------------------------------|--|---|---|--------------------------|
| CHAIR           | Manors Ger                         | ntz, LLC                                     | >   |   |                          |
| SUBJEC          | <u>.</u>                           | Name of Lim                                  | ited Liability Company  |   |                          |
| The encl        | osed Articles of                   | Amendment and fee(s) are sub                 | omitted for filing.   |   |                          |
| Please re       | eturn all correspo                 | ondence concerning this matter               | to the following:   |   |                          |
|                 |                                    | Thomas Walsh                                 |   | ••  |                          |
|                 |                                    | <del></del> .                                | Name of Person  | 2   | 0                        |
|                 |                                    | The Walsh Law Firm, LLC                      | C   | 2023 OCT -3   | NSIS!                    |
|                 |                                    |  | Finn/Company  | <del></del>   |                          |
|                 |                                    | 100 SE 3rd Ave, 10th Floo                    | )r  | -3 S  | DIVISION OF CORPORATIONS |
|                 |                                    |  | Address   | —————————————————————————————————————   | 3                        |
|                 |                                    | Fort Lauderdale, FL 33394                    | 1   | <del>%</del> 8  | 10.0                     |
|                 |                                    |  | City/State and Zip Code   | <del></del>   |                          |
|                 |                                    | tj@walshattorney.com                         |   |   |                          |
|                 |                                    | E-mail address: (                            | to be used for future annual report not                             | ification)  |                          |
| For furth       | er information c                   | oncerning this matter, please of             | all:  |   |                          |
| Thomas          | Walsh                              |  | 954 520-7039<br>at ( )  |   |                          |
|                 | Name o                             | f Person                                     |   | ne Telephone Number   |                          |
| Enclosed        | is a check for th                  | he following amount:                         |   |   |                          |
| <b>■ \$2</b> 5. | 00 Filing Fee                      | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |                          |
|                 | Mailing Addres                     | _  | Street Address:   |   |                          |
|                 | Registration S                     |  | Registration Se   |   |                          |
|                 | Division of C<br>P.O. Box 632      | •  | Division of Co<br>The Centre of                                     | •   |                          |
|                 | Tallahassee, 1                     |  |   | e Street, Suite 810   |                          |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ( <u>Name of the Limited Liability Co</u><br>(A Florida Lim  | ompany as it now appears on o<br>uted Liability Company) | ur records.)                                  |
|--|--|---|
| The Articles of Organization for this Limited Liability Comp<br>Florida document number 1.23000323267          | pany were filed on July 7, 2                             | 023 and assigned                              |
| This amendment is submitted to amend the following:  |  |   |
| A. If amending name, enter the new name of the limited   | liability company here:                                  |   |
|  |  | 7. S.     |
| The new name must be distinguishable and contain the words "Limited I  | Liability Company," the designa                          | tion "LLC" or the abbrevialitien "LE.C."      |
| Enter new principal offices address, if applicable:  |  | <u></u>                                       |
| (Principal office address MUST BE A STREET ADDRESS   | <u> </u>   |   |
|  | <u> </u>   |   |
|  |  | A ST  |
| Enter new mailing address, if applicable:  |  |   |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | ω <sub>ε</sub> ,                              |
|  |  |   |
| B. If amending the registered agent and/or registered off agent and/or the new registered office address here: | fice address on our record                               | ls, <u>enter the name of the new register</u> |
| Name of New Registered Agent:  |  |   |
| New Registered Office Address:   |  |   |
|  | Enter Florida str  | vet address                                   |
|  |  | , Florida                                     |
|  | City   | Zip Code                                      |
|  | ent:   |   |

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

| <u>Title</u> | Name                   | <u>Address</u>                 | Type of Action  |
|--------------|------------------------|--------------------------------|---|
| AMBR         | GraystoneCreative, LLC | 8556 Cashio Street, Apt 5      | □Add  |
|              |                        | Los Angeles, CA 90035          | ■Remove   |
|              |                        |                                | ☐Change   |
| AMBR         | Matthew Ziegler        | 1515 NE 26th Street, Suite 135 |   |
|              |                        | Wilton Manors, FL 33305        | □Remove   |
|              |                        |                                | DIVISEDE<br>2023 OCT  |
|              |                        |                                | -30 Adding PA   |
|              |                        |                                | Signature<br>Browning<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Company<br>Com |
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|   |                                      |                             |                        |                       | · · · · · · · · · · · · · · · · · · · |
| fective date, if other than the d   | ate of filing:                       |                             |                        | (optiona              | h                                     |
| an effective date is listed, the date must bote: If the date inserted in this block | e specific and cannot                | be prior to date            | of filing or more than | n 90 days after filir | ig.) Pursuant to 605.0207 (           |
| cument's effective date on the Dep  | artment of State's                   | e applicable su<br>records. | nutory minig requ      | nements, this ca      | ic will not be fisted as t            |
|   |                                      |                             |                        |                       |                                       |
| record specifies a delayed effective of   | ate, but not an effi                 | ective time, at             | 12:01 a.m. on the      | earlier of: (b)       | The 90th day after the                |
| is filed.   |                                      |                             |                        |                       |                                       |
|   |                                      | _                           |                        |                       |                                       |
| Sentember 28  | 202                                  | ₹                           |                        |                       |                                       |
| September 28  | <u>202</u>                           |                             |                        |                       |                                       |
| ated September 28   | 7 . 202                              | <u>;</u>                    |                        |                       |                                       |
| ated September 28   | 2022<br>2022<br>2022<br>2022<br>2022 | 0                           | presentative of a m    | cinber                |                                       |