## L23000331130

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## **COVER LETTER**

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			
OUD IE		Grant Real Estate LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Jehvaughni Grant		
			Name of Person	<del>.</del>
		Undiluted Grant Real Esta	te LLC	
			Firm/Company	
		808 E Palm Run Dr		
		444-87-74	Address	
		North Lauderdale/Florida	33068	
			City/State and Zip Code	
		grantj.realtor@gmail.com		Carlon Control
For furti	her information c	e-mail address: ( oncerning this matter, please c	to be used for future annual report noti all:	meanon
Jehvauș	ghni Grant		561 507-3745	
	Name o	f Person	Area Code Daytim	ne Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$25	i.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)
	Mailing Address Registration S		Street Address: Registration Se	ection
	Division of C	orporations	Division of Cor	rporations
	P.O. Box 632		The Centre of 7	
	Tallahassee,	FL 3231 <del>4</del>	Z413 IN. MONTO	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Undiluted Grant Real Estate LLC		
(Name of the Limited Liah (A Flor	pility Company as it now appears on our records.) ida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Florida document number 1.23000331130	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Jehvaughni Grant, LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:		<u></u> -
(Principal office address MUST BE A STREET ADd	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here		e of the new registered
Name of New Registered Agent:		SE.
New Registered Office Address:	Enter Florida street address	22 F
	Florida	Zip Code 5
<del></del>	City	Zip Code =
New Registered Agent's Signature, if changing Registe	ered 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = N AMBR = A	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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ective date, if other than the d effective date is listed, the date must b	ate of filing:	ot be prior to da	ate of filing or more	(option than 90 days after	onal) filing.) Pursuant to 605.01
e: If the date inserted in this bloc	k does not meet ti	he applicable	statutory filing re	quirements, this	date will not be listed
ument's effective date on the Dep	artment of State s	s records.			
cord specifies a delayed effective	late but not an ef	Tective time	at 12:01 a.m. on t	he earlier of: (h)	The 90th day after t
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Filing Fee: \$25.00