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Division of Corporations

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GARRETT HOMESTEAD RENOVATIONS LLC

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## **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC	GARRETT	HOMESTEAD RENOVATION	ONS LLC	
NUBJEC	1:	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ren	urn all correspo	ondence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Name of Person	
			Firm/Company	
		17350 STATE HWY 249 STE 220		
			Address	
		HOUSTON, TX 77064		
		EFILE1234@INCFILE.CO		
For further	r Information c	nmail address: ( oncerning this matter, please of	to be used for luture annual report notification; all:	•
LOVETT	E DOBSON		at () Area Code	
	Name of	f Person	Area Code Daytime Teleph	none Number
Enclosed i	s a check for th	ne following amount:		
\$25.00	0 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Iniling Addres</u> Legistration S		Street Address: Registration Section	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIL	-ED
2025 JAN	LL
2025 JAN 17	AM 9: 34

GARRETT HOMESTEAI	D RENOVATIONS LLC	ALLAN	, "' <sup>9:</sup> 34
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our	TALLAHA 000	$\frac{1}{t+t} \frac{1}{t} \hat{g}_{ijj}$
The Articles of Organization for this Limited Liability Company vi	were filed on 11/17/2023		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
GARRETT VENTURES LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbre	viation "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)			
B. If amending the registered agent and/or registered office a	ddress on our records, g	enter the name o	f the new register
ngent and/or the new registered office address here:			
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:	Enter Florida street	and discourse	
	Enter r tortad Arcel (	aaaress	
	City:	_, Florida	Zip Code
	Cuy		zip coae

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove  GReniove
			□ Add 99 — □ Reniove 2
			Change
	***		□Add
			□Remove
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