

LA 000007293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

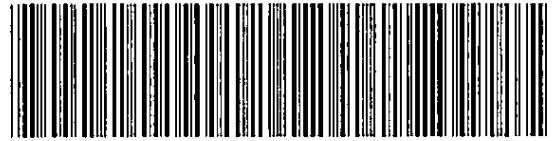
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT

Grand House Academy LLC
Name of Person or Entity to be Registered

The enclosed Articles of Amendment and Certificate of Status are being filed for filing.

Please return all correspondence concerning this matter to the following:

Courtney Butler Daniels
Name of Person

Grand House Academy LLC

1440 NW 74th Avenue, Suite 100
Address

Sunrise, FL ~~33355~~ 33351
City, State and Zip Code

~~Eng~~ The grand house academy @ 1610000.com
E-mail address to be used for future annual report notification

For further information concerning this matter, please call:

Courtney Butler
Name of Person

at 774, 305-2349
Area Code Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Grand House Nursery LLC
(Name of the Limited Liability Company as it now appears on our records)
Article of Limited Liability Company

The Articles of Organization for this Limited Liability Company were filed on 6-18-2024 and assigned
Florida document number C24000261243

This amendment is submitted to amend the following

A. If amending name, enter the new name of the limited liability company here:

Any new name must be distinguishable and contain the words "Limited Liability Company" or the designation "LLC" or the abbreviation "LLC".

Enter new principal office 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent

New Registered Office Address

Enter Florida street address

Florida

City

Zip Code

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

MCGR - Manager

AMRR - Authorized Member

Title	Name	Address	Type of Action
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OWNER	James J. ...	...	...
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Lauderhill, FL 33313

Change

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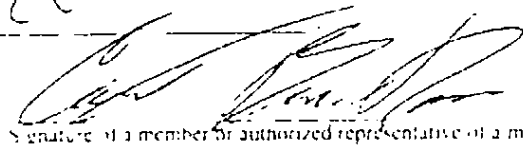
Change

1. Effective date, if other than the date of filing: _____ (optional)

Note - If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed by the Department of State on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Date 6-21-20



Signature of a member or authorized representative of a member

Lindsay Butler Daniels
Typed or printed name of signer