Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000336673 3)))



H240003366733ABC1

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.

Account Number : I20230000190

Phone : (844)449-3624

Fax Number

: (512)597-0678

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GRAYS AUTO SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

LEIMEUX

OCT 07 2024

Electronic Filing Menu

Corporate Filing Menu

Help

٧.

## 2024-10-05 10:23:10 UTC+14 COVER LETTER

18506176383

From: ZenBusiness Use

	tion Section of Corporations
Gray	s Auto Services LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Arti	eles of Amendment and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	Allison Monzon
	Name of Person
	ZenBusiness INC
	Firm/Company
	336 E. College Ave Suite 301
	Address
	Tallahassee, FL 32301
	City/State and Zip Code
	fulfillment@zenbusiness.com  E-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
c/o ZenBusiness	at ( )
	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
<b>■ \$25.00</b> Filing	Fee U \$30.00 Filing Fee & U \$55.00 Filing Fee & U \$60.00 Filing Fee, Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Divisio P.O. Bo	tion Section Registration Section of Corporations Division of Corporations

To:

## 2024-10-05 10:23:10 UTC÷14 18506176383 ARTICLES OF AMENDMENT

## ARTICLES OF ORGANIZATION OF

Grays Auto Services LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compare Florida document number <u>L24000297745</u>	ny were filed on 2024-07-02	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The Grahby Group LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	_ <del></del>	<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	e address on our records, <u>enter th</u>	ECRETARY OF STATE of the new registered to t
Trow regimened office reduced.	Enter Florida street address	<del></del>
	. Flori	ida
	City:	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties, and s provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

-		
la:		
10.		

Page: 4 of 5 2024-10-05 10:23:10 UTC+14 18506176383 From ZenBusiness Us amending 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>	Name	Address	Type of Action
AMBR	Abigail Evangeline Stricklen	117 la casa Lake wales, FL 33898	<b>=</b> Add
		<u></u>	□Remove
			Change
			□Remove
			□ Change
			□Remove
			Change
			□Aċd
			□Remove
			□ Change
			□Remove
			ПСһяпее
			□Add
			□Remove
			□Change

Page: 5 of 5

If amending any other infor	mation, enter change(s) here: (Attach additional sheets, if necessary.)	
	<u> </u>	
<del></del>		
<del></del> -		
		<del></del>
		<del></del>
Note: If the date inserted in this	the date of filing:	to 605.0207 ( be listed as t
e record specifies a delayed effe rd is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	y after the
Dated		
/s/ Byron (	Grady Matteson Jr	
	Signature of a member or authorized representative of a member	<del></del>
Byron Grady Mattes	on Jr., Member	
	Typed or printed name of signee	