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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: GRAS	ONS of NORT	HEAST ORLAN' ited Liability Company	DO, LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dawn 1	M. Williams Name of Person	
	ESTATE SAL	ES of NORTHEAS	T ORLANDO, LLC
	608 Ce	edar Forest Cir	cle
		Chy/State and Zip Code	
	We say	9090+013 C a	H.net
For further information c	oncerning this matter, please c	all:	
Dawn M	. Williams Ferson	at (407) 25 Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
1 \$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)
<u>Mailing Addre</u> Registration (<u>Street Address:</u> Registration Se	ction
Division of C P.O. Box 632	-	Division of Cor The Centre of T	
1. 0 . D0A 032		, 110 Centro Ot 1	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

GRASONS OF NO (Name of the Limited Liability Compa (A Florida Limited)	ORTHEAST ORLANDO, LLC Iny as it now appears on our records.)
(A Fiorida Lamited)	Ciability Company)
The Articles of Organization for this Limited Liability Company	were filed on 3/20/2025 and assigned
Florida document number <u>L25000137635</u> .	Ţ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
ESTATE SALES OF The new name must be distinguishable and contain the words "Limited Liabi	NORTHEAST ORLANDO, LLC
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
	N/A
Enter new mailing address, if applicable:	IN/ K
(Mailing address MAY BE A POST OFFICE BOX)	
	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 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
			
			□ Remove
			□Change
			□Add
			□Remove
			□Change
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			Remove
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n effective ter lifth	edate is listed, the date in this	must be specific as s block does not	nd cannot be pri meet the app	ior to date of filing licable statutory	g or more than 90 r filing requiren	days after filing.) I tents, this date w	ursuant to 605.020 ill not be listed a
cument's	effective date on the	e Department of	State's record	ds.			
	ecifies a delayed effe	ctive date, but no	ot an effective	time, at 12:01	a.m. on the earl	ier of: (b) The	90th day after the
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Filing Fee: \$25.00