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SECNETARY OF STATE

COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: Grizzly IRA	Investments LLC
Name of Lim	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub	omitted for filing.
Please return all correspondence concerning this matter	to the following:
Haley Melbi	Name of Person Social PA
924 W COLON	Address
Welloige Scag	City/State and Zip Code (Law 10 m / jeff ada ms 222@gmail.(om (to be used for future annual report notification)
For further information concerning this matter, please c	call:
Hary Hulbig Name of Person	at (MO7) 373-7462 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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

Grizzly Ind Invota		L(··
(A Florida Limited E	iability Company)		
The Articles of Organization for this Limited Liability Company of Florida document number <u>L21 060124843</u>	were filed on	3/16/21	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the d	esignation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		<u>ن</u>	202
(Principal office address MUST BE A STREET ADDRESS)		ALX	
	 	AHASS	P 27
Enter new mailing address, if applicable:		maria Maria	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our ro	ecords, enter the name o	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Pior	ida street address	
	`	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Code
I hereby accept the appointment as registered agent and agre	re to act in this o	capacity. Nurther agree	r to comply with the
provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as paint being filed to merely reflect a change in the registered office of	performance of rovided for in C	my duties, and I am fan Thapter 605, F.S. Or, if	niliar with and this document is

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>	<u>Address</u>	Type of Action
MLR	Seffrey D. Adams		🗆 Add
			□Remove
		"s" was left off (ast name	Change
			□Add
			□ Remove
			🗆 Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			🗆 Change
			□Add
			Remove
			Change
			🗆 Add
			🗆 Remove
			□Change

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-	
ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and ca	annot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020
te: If the date inserted in this block does not mee	et the applicable statutory filing requirements, this date will not be listed as
rument's effective date on the Department of Stat	te's records.
cord specifies a delayed effective date, but not ar	n effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
ed 9/20/21	
cu	
\subseteq	
Signature	
Signature of a met	mber or authorized representative of a member