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COVER LETTER

TO: Registration So Division of Cor			
Grundco L	LC		
SUBJECT:	Name of Lim	ited Liability Company	 -
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Elizabeth Grund		
		Name of Person	, , , , , , , , , , , , , , , , , , ,
	Grundco, LLC		
		Firn/Company	
	2711 NW Florida Ave		
		Address	
	Swart FL 34994		
		City/State and Zip Code	
	eligrund1@gmail.com	to be used for future annual repo	ri natification)
For further information c	concerning this matter, please ca	-	
Elizabeth Grund		772 215285	7
Name o	of Person	at () Area Code D	Paytime Telephone Number
Enclosed is a check for t	ba fallaning appaint:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
= \$25.00 Fining Fee	Certificate of Status	Certified Copy (additional copy is enclosed	Certificate of Status &
Mailing Address		Street Addre	
Registration Division of C		Registratio Division of	n Section Corporations
P.O. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 10 -0 Pariz-1-2 Grundco, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/10/2004}{1}$ and assigned Florida document number ______L04000010908 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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 ___

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.

City

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:

Change of Title Only

MGR = M $AMBR = M$	Manager Authorized Member	Change of Title Only Address Walk - 5 Fills 12	
<u>Title</u>	<u>Name</u>	Address 6320 K 2 F. 112-1-2	Type of Action
MGR	Daniel K Grund	2711 NW Florida AVE Stuart Fl 34994	■Add
			□Remove
MGR	Elizabeth Grund	2711 NW Florida Ave Stuart Fl 34994	= Add
			□Remove
			□Change
PRES	Daniel K Grund	·····	□Add
		2711 NW Florida Ave Stuart Fl 34994	Remove
			□Change
VP	Elizabeth Grund		□Add
		2711 NW Florida Ave Stuart FL 34994	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

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