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COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: 612 Invision Name o	6.
Name o	of Limited Liability Company
·	and company
The enclosed Articles of Amendment and fee(s) are	e submitted for filing
Please return all correspondence concerning this ma	atter to the following:
_ GUSTA	Name of Person
52 Inv	Firm/Company
P.C. Box	1828 Address
	Address
West Palm	City/State and Zip'Code
E-mail address	s: (to be ased for future annual report notification)
for further information concerning this matter, please	call:
~ ~	at (307) 78-7114 Area Code Daytime Telephone Number
- Verticasii (Area Code Daytime Telephone Number
nclosed is a check for the following amount:	
S25.00 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	STREET/COURIER ADDRESS:
Division of Corporations	Registration Section
P.O. Box 6327 Tallahussee, FL 32314	Division of Corporations Clifton Building
	2661 Everative Contract

2661 Executive Center Circle Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GR Investment	Grann 110
(Name of the Limited Liability Com	pany as it now appears on our records.) d Liability Company)
(A Florida Limite	d Liability Company)
The Articles of Organization for this Limited Liability Compar	W Word Clad . Add / .
The Articles of Organization for this Limited Liability Compar Florida document number <u>LOGOOO34854</u> .	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company "the decisions of LCD
Enter new principal offices address, if applicable:	11.1.C. O
(Principal office address Associates and Principal office address and	1665 Palm Brack Lokes Blod.
(Principal office address MUST BE A STREET ADDRESS)	#215
	#215 WPB, FL 33401
Enter new mailing address, if applicable:	PO. Box 1828
(Mailing address MAY BE A POST OFFICE BOX)	F.C. BOX 1800
STATE BOX	
	WPB PL 33402
B. If amending the registered	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the now
egistered office address here	the new
Name of Nam Barrier	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	and the dadress
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby governed	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete percent the obliquities.	to act in this capacity. I further amount
provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro-	erformance of my duties, and I am familiar with me
being filed to merely reflect a change in the review	ovided for in Chapter 605. F.S. Or, if this document is
being filed to merely reflect a change in the registered agent as pro company has been notified in writing of this change.	ldress, I hereby confirm that the limited liability
of materials.	
	, 1
	·
If Changir	g 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> Address Type of Action _□ Add ____ 🗆 Remove _____ Change __ Change _□ Remove __ Change □ Remove □ Change • □·Add □.Remove F-.3 កោ _D Change _□ Add _□ Remove _____

Change

ective date, if other than the date of filing:		ny other information, enter change(s) here: (Attach o	The y necessary.
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Filing Fee: \$25.00