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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Orch OUS Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Grenhous LLC Firm/Company
1450 Lodlam Dr. Address
Miam Garing 1 33166 City/State and Zip Code
VANNICKO O renhous (esta wants. com E-mail address: no be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Compos	LLC	
(Name of the Limited Liability (A Florida	y Company as it now appears on ou Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Co. Florida document number	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
7		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·····	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDR.	ESS)	
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Enter new mailing address, if applicable:		7 S E
(Mailing address MAY BE A POST OFFICE BOX)		福泉 一〇
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		智量 5
B. If amending the registered agent and/or regist		records, enter the name of the new
registered agent and/or the new registered office addr	ess nere:	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida stre	et 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 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 **Type of Action Title** Name <u>Address</u> ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove

_□ Change

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Filing Fee: \$25.00