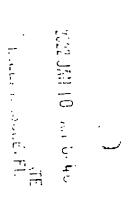
## L16000175175

(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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A. BUTLER JAN 18 2022

## **COVER LETTER**

TO: Registration S Division of Co			
GRZ DES	SIGN LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	GUILHERME RIBEIRO	CAMPIDELLI	
		Name of Person	
	GRZ DESIGN LLC		
		Firm/Company	
	352 WINDWARD WAY		
		Address	
	Name of Limited Liability Company  osed Articles of Amendment and fee(s) are submitted for filing.  sturn all correspondence concerning this matter to the following:  GUILITERME RIBEIRO CAMPIDELLI  Name of Person  GRZ DESIGN LLC  Firm/Company  352 WINDWARD WAY  Address  DAVENPORT, FL 33837  City/State and Zip Code  GUICAMPIDELLI@HOTMAIL.COM  E-mail address: (to be used for future annual report notification)  er information concerning this matter, please call:  ERME RIBEIRO CAMPIDELLI  Name of Person  Area Code  GUICAMPIDELLI  SERME RIBEIRO CAMPIDELLI  Name of Person  Area Code  Certificate of Status  Certificate Copy (additional copy is enclosed)  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  The Centre of Tallahassee  The Centre of Tallahassee  Tallahassee, FL 32314		
			atus &
	-		
For further information		·	
	- ,		
Name	of Person	Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee		Certified Copy Certificate of State additional copy is enclosed) Certified Copy	us &
Registration Division of O P.O. Box 63	Section Corporations 27	Registration Section Division of Corporations The Centre of Tallahassee	

L16000175175

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

GRZ DESIGN LLC	2022 UMI 10 Jun 0- 40
	now annuary on our reports )
( <u>Name of the Limited Liability Company as it r</u> (A Florida Limited Liability (	Company) (I. Company)
he Articles of Organization for this Limited Liability Company were fi	led on and assigned
lorida document number	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability cor	mpany here:
he new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Drivering office address MIST DE ACTOCKT AND DEGO	
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	-
I If amonding the registered annual and the second annual ann	
If amending the registered agent and/or registered office address gent and/or the new registered office address here:	on our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
City	FloridaZip Code

1

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 hability 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>	Address	Type of Action
AMBR	Campidelli, Roberto Carlos	352 Windward Way, Davenport, FL 33837	⊜Add
			□ Remove
			□Change
			□Add
			🗆 Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
		<del></del>	□Add
			□ Remove
			□Change
			□Add
			□Remove

□ Change

Effective date, if other than the date of filing:  (Optional)  (If an effective date, if other than the date of filing:  (Optional)  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6015.02.07  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b) The 90th day after the ord is filed.  Dated  January 7  Quilleanse Rebears Cannocalli  Senature of a member or authorized representative of a member  Guilherne Ribeiro Campidelli					
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