117000005867

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COVER LETTER

TO: Registration Se Division of Cor			
	TION LLC		
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:	
		Name of Person	
		Firm/Company	
	3589 AVALON PARK BI	.VD E.	
		Address	
	ORLANDO, FL. 32828		
		City/State and Zip Code	
	flocharavay@gmail.com	to be used for future annual report notif	ication)
For further information c	concerning this matter, please c		
Florence Charavay		817 812-8000	
Name c	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 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 Taflahassee, 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

GRC SOLUTION LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Torida document number 1.17000005867	were filed on JANUARY .9TH, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3589 AVALON PARK BLVD E.
Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32828
Enter new mailing address, if applicable:	3589 AVALON PARK BLVD E.
Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32828
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office 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 = 1	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			□ Change
			□ Remove
			Remove
			☐ Remove
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change

OTHER I	PROVISONS IF ANY:
REAL ES	TATE INVESTMENT COMPANY INCLUDING BUYING, SELLING AND RENTING HOUSES
ang	land
_	
-	
,	
Tective date If the dat	if other than the date of filing:
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie ay after the record is filed.
10	2017

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Filing Fee: \$25.00