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(Re	questor's Name)	
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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations			
SUBJECT.	GRL LAW	GROUP, LLC			
SUBJECT:		Name of Limi	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Jessica B. Reyes			
			Name of Person		
		GRL LAW GROUP, LLC			
			Firm/Company		
		75 Miracle Mile, #347623			
			Address		
		Coral Gables, FL 33234			ring.
			City/State and Zip Code		
		jbr@grllawgroup.com			
C 6	C		to be used for future annual report notif	neation)	<u>.</u>
ror turtner i	ntormation c	oncerning this matter, please ca	att:		づ - =
Jessica B. R	leyes		786 332-6787 at ()		
	Name o	f Person	Area Code Daytime	: Telephone Number	لیا
Enclosed is	a check for th	ne following amount:			
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status &
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce	n ations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRL LAW GROUP, LLC			
(Name of the Limi	ted Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)	
The Articles of Organization for this Limited L Florida document number 82-0890750	iability Company were file	d on <u>03/06/17</u>	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liability com	pany here:	
The new name must be distinguishable and contain the vector new principal offices address, if applications applies to the contain the vector new principal offices address.		ny," the designation "LLC" or the	he abbreviation "L.L.C."
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable:			
<u>(Mailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>		
			3
B. If amending the registered agent and registered agent and/or the new registered of		ress on our records, <u>en</u>	iter the name of the no
Name of New Registered Agent:			<u></u>
New Registered Office Address:	300 S Biscayne Blvd, Un		w
-	•	Enter Florida street address	
	Miami	Florida	a 33131 Zin Code
	f itu		zw coae

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Gabrielle M. Gutt, P.A.	75 Miracle Mile, Unit 347623, Coral Gables, FL 33234	Add
			■ Remove
			Change
			Add
			Remove
		.	
			☐ Add
			☐ Remove]
			Change
			ىن Add
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			Remove
			☐ Change

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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to cote: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.0 le statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but not a The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier
ated October 17, 2018	<u> </u>
Signature of a member of authoriz	ved representative of a member

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Filing Fee: \$25.00