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## **COVER LETTER**

TO: Registration S Division of Co			
HANSRA SUBJECT:	J HOLDINGS, LLC		
30000ECT.	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JASON C HANSKAJ		
		Name of Person	
		Firm/Company	<del></del>
	3837 SISKIN DRIVE		
	KISSIMMEE, FL. 34744	Address	
	JHANSRAJ@GMAIL.COM		
		to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
JASON C HANSRAJ		321 9456811 at ()	
Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 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 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

HANSRAJ HOLDINGS, LLC		
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Con	npany were filed on 04/11/17	and assigned
Florida document number L17000081432		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
GRANDEUR INVEST, LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable:		r=7
(Principal office address MUST BE A STREET ADDRE.	355)	1 - n
		10 T
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		- C. C.
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B. If amending the registered agent and/or register registered agent and/or the new registered office address		name of the new
Name of New Registered Agent:		<del>_</del>
New Registered Office Address:	Enter Florida street address	
	Emer r torida strect dadress	
	, Florida	 ip Code
	City Zi	р соае

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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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e record specifies a delayed The 90th day after the rec		not an effective	time, at 12:01	a.m. on the earlier o
ated APRIL 12TH	2019			
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Typed or printed name of signee

Filing Fee: \$25.00