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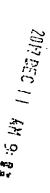
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COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT:	Jrumpý Name of Lin	Capital nited Liability Company	LLC	
The enclosed Articles of Ame	endment and fec(s) are sub	omitted for filing.		
Please return all corresponder	nce concerning this matter	to the following:		
-	Ano	Name of Person		148.18
-	Grumpy	Capital Firm/Company	LLC	
-	83 Ger	Address	#62202	
-	Oviedo,	FL 32 City/State and Zip Code (C) Kee Tear to be used for future annual	762	·
_	Andrew E-mail address: ((a) Kee Tear	n. Com	- -
For further information conce				
And Tew Name of Pers	Keel	at (_407_)	461 - 94.	51 ne Number
Enclosed is a check for the fol				
☑ \$25.00 Filing Fee □	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is end		\$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**

Grumpy Cap,	tal LLC
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) (bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L17000251043</u> .	where filed on $\frac{12}{\sqrt{7}} \frac{7}{\sqrt{17}}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	7 26
	DE CAR
	$=$ \sim \sim
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
•	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
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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 **Title N**ame Address Type of Action MGR Keel Property Maintenance Inc. 83 Genera Dr #622023 Remove Oviedo, FL 32762 Change 83 Geneva Dr. #622023 JANA Andrew Kee MGR Oviedo FL 32762 Remove ___ □ Change MGR Katie Keel 83 Geneva Dr. #622023 WAdd Oviedo FL 32762 Remove 🗖 Add ☐ Remove _□ Remove _____ Change □ Add ☐ Remove

					
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If an effective date is liste Note: If the date inse	ner than the date of fili ed, the date must be specific a rted in this block does not date on the Department of	ind cannot be prior to c t meet the applicable	late of filing or more that e statutory filing requ	(optional) in 90 days after filing.) Pr irements, this date wil	irsuant to 605,0207 (3 I not be listed as th
ne record specifies The 90th day af	s a delayed effective ter the record is filed	date, but not a J.	n effective time,	at 12:01 a.m. on	the earlier of:
Dated <u>Decemb</u>	ber 8	2017 RAC			
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Filing Fee: \$25.00