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COVER LETTER

TO:		ration Sect n of Corpo						
	GF	REY LINE	HOLDIN	ĢS, LLC				
SUBJE	ECT:			Name of Lin	nited Liability Con	npany		
The en	closed Ar	ticles of A	mendmen	t and fee(s) are sub	omitted for filing			
Please	return all	correspond	ience con	 cerning this matter 	to the following	:		
			MARSE	IA FIELDS				
					Name of P	erson		
			DUVAL	, L FIELDS CPA GI I	ROUP PA			
					Firm/Con	pany		
			428 W <i>A</i>	LNUT ST				
					Addres	s		
			GREEN	 COVE SPRINGS 	5, FL 32043			
					City/State and	Zip Code		
			MARSH	AFIELDS@DUV.				
						ire annual report not	ification)	
For fur	ther infor	mation con	cerning th	his matter, please c	all:			
MARS	HA FIEL	.DS			904 at (269-1069		
		Name of F	Person				ne Telephone Number	
Enclose	ed is a che	eck for the	following	amount:				
\$23	5.00 Filin	g Fee		0 Filing Fee & ificate of Status	□ \$55.00 Fi Certified (additional		☐ \$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is enclo	
	*	Registrati Division P.O. Box	G ADDR ion Section of Corpor 6327 sec, FL 32	n ations		STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREY LINE HOLDINGS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{12/07/17}{1}$ and assigned Florida document number L17000251059 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GREY LION HOLDINGS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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

lf amending or remoyed	g Authorized Person from our records:	n(s) authorized to	manage, enter the title, name, and	d address of each person being added
MGR = : Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>		Address	Type of Action
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lf amer	nding any other infor	mation, enter change(s) here: (Attach additional sheets, if necessary.)
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		block does not meet the applicable statutory filing requirements, this date will not be listed as to Department of State's records.
e reco	ord specifies a delay	ert effective date, but not an effective time, at 12:01 a.m. on the earlier of:
	90th day after the r	
_		
Dated _	DECEMBER 8	2017
		Signature of a member or authorized representative of a member
	MARSHA M FIELD	S, DUVAL FIELDS CPA GROUP, PA as Registures agent
		Typed or printed name of signee
		Types of printed faint of signed

Page 3 of 3

Filing Fee: \$25.00