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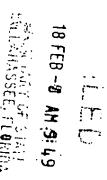
(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporat			
SUBJECT:	Name of Limit	T GOURNET,	-2LC
The enclosed Articles of Amer	ndment and fee(s) are subn	nitted for filing.	
Please return all correspondence	ce concerning this matter to	o the following:	
_	Pac	1 H Wimsell	
_		eldi Courmet, LL.	
-	13163 Re	Address Address	
-	IT Myer	City/State and Zip Code Lipaul & Yahoo. be used for future annual report notifications.	2
	E-mail address: (to	obe used for future annual report notifice	COM ation)
For further information concer			
Paul H Crim Name of Person	addi	at (<u>JSG</u>) <u>JSJ- (</u> Area Code Daytime T	6902. Celephone Number
Enclosed is a check for the following			
\$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

GRIWH	DIGOURNET, LLC	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our record Florida Limited Liability Company)	5.)
The Articles of Organization for this Limited Liab Florida document number 41700036380		28,2017 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	le:	" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	- 6
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records	enter the name of the new
Name of New Registered Agent:		6.1 (S) (1.0)
New Registered Office Address:	Enter Florida street addres:	r
	171	orida
-	City , FIC	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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Paul H Grimabli	13163 Regent Circle FTMyers, FL 33966	€Xadd
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the record spec b) The 90th da				ot an effect	ive tim	ne, at 12:0:	l a.m. on th	ie earl	lier (
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Filing Fee: \$25.00