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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

COVER LETTER

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TO: Registration Solution of Col			
MSL Gran	t Consulting LLC		
Souther.	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Mara LaLonde		
		Name of Person	
	MSL Grant Consulting LL	C	
	-	Firm/Company	
	1251 S. Federal Highway,	#114	
		Address	
	Boca Raton, FL 33432		
	robandmara@me.com	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	ill;	
Mara Lal, onde		310 801-7395	
Name (of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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

MSL Grant Consulting LLC		
(<u>Name of the Limited Liability Ce</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number	oany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	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	<u></u>	
		18 . ALI
		MAR
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		- k
		O
3. If amending the registered agent and/or registere	d office address on our records, <u>e</u>	nter the name of the
egistered agent and/or the new registered office address	here:	
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street address	
	, Florid	
	Circ	Zin Cada

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Mara LaLonde	1251 S. Federal Highway, #114	
		Boca Raton, FL 33432	
			D (1)
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Effe	ctive date, if other than the date of filing:(optional)		
Note	flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 0. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 1 ment's effective date on the Department of State's records.	505 0207 isted as	7 (3)(; the
the r) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear e 90th day after the record is filed.	rlier o	f:
Data	February 25 2018		
Date	Clara Talundo		
	Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00