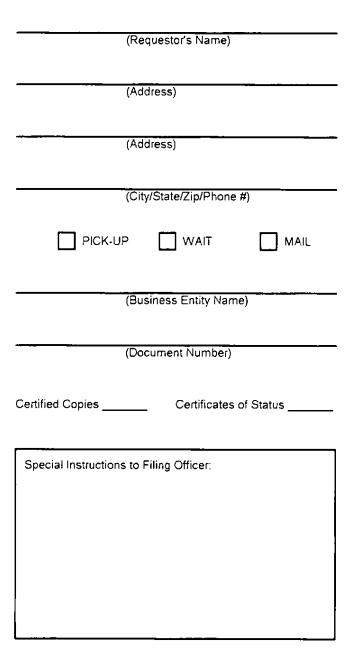
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SECRETARY OF STATE
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## **COVER LETTER**

TO:	Registration Se Division of Cor		¥	į		
	GRAND RENTALS LLC					
SUBJE	CT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		ROBERTO MORALES				
			Name of Person			
		GRAND RENTALS				
			Firm/Company			
	9100 S DADELAND BLVD #1500					
			Address	<del></del>		
		MIAMI, FL 33156				
			City/State and Zip Code	<del></del>		
		ROBERTO@ELEVENON				
			to be used for future annual report not	incation)		
For furth	ier information c	oncerning this matter, please c	all:			
ROBER	TO MORALES		786 2510072			
	Name o	f Person		ne Telephone Number		
Enclosed	d is a check for th	ne following amount:				
<b>≡</b> \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Pagistration Section		Street Address:	nation			
Registration Section Division of Corporations			Registration Section Division of Corporations			
	P.O. Box 632	7	The Centre of	The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRAND RENTALS LLC				
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L18000087938}{L}$ .	were filed on $\frac{04/06/2018}{}$ and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
GRAND L ENTERPRISES LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	9100 S Dadeland Blvd Suite 1500 Miami, FL 33156			
(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 and and/or the new registered office address here:  Name of New Registered Agent:	ACREA AR			
New Registered Office Address:	Enter Florida street address			

## 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.

City

.Florida 🔃

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>	<u>Name</u>	Address	Type of Action
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			□ Change
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E. Effective date, if other than the (If an effective date is listed, the date mode: If the date inserted in this document's effective date on the	ust be specific and cannot be prior block does not meet the application	to date of filing or more than 90 days afte able statutory filing requirements, th	onal) r filing.) Pursuant to 605.0207 (3)( s date will not be listed as the
f the record specifies a delayed effect ecord is filed.	ive date, but not an effective ti	me, at 12:01 a.m. on the earlier of: (I	b) The 90th day after the
Detail APRIL 16	2024		
Dated		- /	
	Mign	49	
	Signature of a member or autho	orized representative of a member	

Typed or printed name of signce