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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GLOBAL SUCCESS INVESTMENTS LLC

Account Number : I20200000016

Phone : (954)903-4036

Fax Number : (954)246-0340

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

- 13				
Fmail	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GRANDE MANAGEMENT SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

T. LEIMEUX JUL 1 2 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRANDE MANAGEMENT SERVICES LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Tamilny Company)	 -
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000008366</u>	were filed on 01/07/2019	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:	
The new name must be distinguishable and contain the words "Limited Liabit	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3306 W Spruce Street Suite C	
(Principal office address MUST BE A STREET ADDRESS)	Tampa Florida 33607	
		GD GD
Enter new mailing address, if applicable:	3306 Spruce Street Suite C Tampa Florida 33607	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records. <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida street address	
	Flori	
	City	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. Thereby confirm that the limited liability company has been notified in writing of this change.

From: Nathaly Cuartas Fax: 19542460340

To: Agent Amnd Florida

Fax: (850) 617-6383

Page: 4 of 5

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	Authorized Member	<u>Address</u>	Type of Action
Title	Name	Additss	<u> </u>
			□Remove
			□ Change
			= Add
			TChange
			II Add
			□Remove
			□ Change
			JAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			⊡Add
			□Remove

From: Nathaly Cuartas	Fax: 19542460340

To: Agent Amnd Florida

Fax: (850) 617-6383

Page: 5 of 5

07/11/2024 4:16 PM

Note:	tive date, if other than the date of filing:
f the reco secord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	Highel Montre (Signature of a member of authorized representative of a member

Typed or printed name of signee