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COVER LETTER

10:	Division of Corporations • Division of Corporations
SUBJE	GRID INVESTMENTS LLC
	Name of Limited Liability Company
The encl	osed Articles of Amendment and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	BRIAN COBB Name of Person
	GRID INVESTMENTS LLC Firm/Company
	1103 JEWKS AVE,
	PANAMA CITY, FL, 32461 City/State and Zip Code (GRID INVESTMENTS IX (G) GAMAII (O)A.
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	3RIAN LOBB at (513) 692-1060 Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
□ \$25.0	Of Filing Fee \$\sim \text{S30.00 Filing Fee & Certificate of Status} \square \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \square \text{S60.00 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

(Name of the Limited Liability Compar (A Florida Limited I.	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L.1900062509</u>	were filed on <u>03/05</u> 4 19	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abb	reviation "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)		
3. If amending the registered agent and/or registered off egistered agent and/or the new registered office address here	ice address on our records, <u>enter t</u> :	he_name_of_the
Name of New Registered Agent:		: 5
New Registered Office Address:		
	Enter Florida street address	
	, Florida	u 1
	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, 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	TYLER COSB	309 S NEWPORT AVE TAMPA FL, 33606	jx Add
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Effective date, if other than the date o	of filing: <u>06/28/2</u> 0	218 (optional)
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