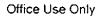
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(7)		
(Keq	uestor's Name)	
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(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	ilina Officer:	
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TO: Registration Sec Division of Cor			
SUBJECT: GR	Haven C	leaning LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Alexand	Name of Person	<u> </u>
	GR Haver	Cleaning LLC Firm/Company	
	3679 Ju	lius Estates Bl	vd
	<u>Winter H</u>	aven / FJ 33 City/State and Zip Code	3881
		93@ aol - Com to be used for future annual report notif	
For further information co	oncerning this matter, please ca		(Catton)
Alegandra	Game 7	at (32) 230 - 2 Area Code Daytime	132
// Name of	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne 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
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	etion
Division of C		Division of Cor	

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION OF

GR Haven Cleaning	LLC
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili	it now appears on our records.) ty Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L 19000(06070</u>	e filed on April 18, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	年 2 元
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address here:	ess on our records, <u>enter the name of the new reg</u> i
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Designand Agent's Cignature of shanging Designand Agents	

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 will 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Alejandra Gamez	3679 Julius estates Blud	🗆 Add
	9	3679 Fulius estates Blud Winter Haven Ff, 33881	□Remove
			A Change
			□ Add
			□Remove
			□Change
			□ Add
			□ Remove
			□ Change
			🗆 🗆 Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an o <u>Note</u>	ctive date, if other than the date of filing:
the rec	ord 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.
Date	d April 28th . 2020.
	Signature of a member or authorized representative of a member
	Alejandra Gomez Typed or printed name of signee