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COVER LETTER

TQ: Registration Se Division of Co			
SUBJECT:	Grattin Do	C ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	700	yJon Avendano	
		Name of Person? Firm Company	
	10248 Oylan 3	+ APT AZA OF KAN	
	<u> </u>	City/State and Zip Code Le (a v.de (830 hd r to be used for future annual report noti	7
	H-mail/address: (1 LANDE 830 Not r	real com
For further information of	concerning this matter, please ca	all:	
Joy Jon A Name o	VE NO M NO of Person	at (<u>371</u>) <u>Q&+</u> Area Code Daytim	역을 이 6 e Telephone Number
Enclosed is a check for t	he following amount:		
区、\$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional 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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	v Company as it now appears on our records.) Limited Liability Company)
(A Florida L	Limited Liability Company)
The Articles of Organization for this Limited Liability Cor	ompany were filed on and assigned
Florida document number <u>L 19 000 1315 6 7</u>	_·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ted liability company here:
The new name must be distinguishable and contain the words "Limite	ted 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 ADDRE	ESS)
	20
Enter new mailing address, if applicable:	TAL
(Mailing address MAY BE A POST OFFICE BOX)	
	₹ 23 F
	DE P
B. If amending the registered agent and/or registeregistered agent and/or the new registered office address	ered office address on our records, enter the name of the
egistered agent andor the new registered office address	estilete:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 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 Title Name Address Type of Action Ana W. Gon Falet 10248 Dylan St Apt 424 oclando 1/ 32825 ☐ Change Applmo, Arendano 10248 Dylan St Apt 424 DANN _**@**Change _□ Remove _____

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<u>ote:</u> l	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cume	nt's effective date on the Department of State's records
The S	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
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	Signature of a member of authorized representative of a member
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