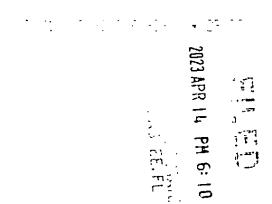
L19000160776

(Ře	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
— (Bu	siness Entity Name	.
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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6. FRO 11211 1111 - 1 2123

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

	EVE FINANCIAL LLC		
SUBJECT:	Name of Lim	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:	
	Mitchell S. Goldman, Esqu	ńre	
		Name of Person	······
	Goldman, Monaghan, Thak	kar & Bettin, P.A.	
		Firm/Company	
	96 Willard Street, Suite 30	2	
	-	Address	
	Cocoa, Florida 32922		
		City/State and Zip Code	
	mitch@gmtblaw.com		
		to be used for future annual report noti	lication)
For further information c	oncerning this matter, please ca	all:	
Mitchell S. Goldman, Es	quire	321 639-1320 at ()	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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)
Mailing Addres Registration 5		Street Address: Registration Sec	ction
Division of C		Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRAND REVE FINANCIAL LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our r Liability Company)	records.)
(4/22	i 19
(A Florida Limited The Articles of Organization for this Limited Liability Company	were filed on 64/20/19	and assigned
florida document number 1.19000160776		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Sanan ann an air air a a ct ann aideann a' ann Banbla.		
Enter new principal offices address, if applicable:		2
Principal office address MUST BE A STREET ADDRESS)		2073
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		7
	·	<u> </u>
		7 0
3. If amending the registered agent and/or registered office	address on our records (enter the name of the new registe
gent and/or the new registered office address here:	addites on our records,	the the name of the new register
Name of New Registered Agent:		
the office of the strength of		
New Registered Office Address:	P. P. P. T.	
	Enter Florida street e	waress
	<u> </u>	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 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>	<u>Name</u>	Address	Type of Action
CEO/PRI	Wadelene Charles	1301 Riverplace Boulevard, Suite 800	🗀 Add
		Jacksonville, Florida 32207	□Remove
AMBR Wadeler	Wadelene Charles	1301 Riverplace Boulevard, Suite 800	🗆 Add
		Jacksonville, Florida 32207	Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
		□Remove	
			□Change
			□Add
			□Remove

· · · · · · · · · · · · · · · · · · ·	tion, enter change(s) here: (Attach additional sheets, if necessary.)	
-		
		
		
(If an effective date is listed, the date mu	date of filing:(optional) at be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu ock does not meet the applicable statutory filing requirements, this date will nepartment of State's records.	ant to 605,0207 (3 of be listed as th
he record specifies a delayed effectivord is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	day after the
Dated April	. 2023	
11		
Con C	Signature of a member or authorized representative of a member	
Walden Charles		
Wadelene Charles	Typed or printed name of signee	

Filing Fee: \$25.00