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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: GROSANT	UP LLC
Name of Limit	ed Liability Company
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
Osma	Ny Conocino
`	Name of Ferson
	Firm/Company
7801 SU	J 22 ST
	Address
Mian:	1, FL, 33155
Panoli address: (t	City/State and Zip Code Oploamail. Com a be used for future annual report notification)
For further information concerning this matter, please ca	
OG MAN Name of Person	at (786) 532 417 Area Code Daytime Telephone Number
Encloyed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address: Registration Section
Registration Section Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tailahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GILDSAN	T UP	LLC			
(Name of the Limited Liability (A Florida	y Company as it no Limited Liability C	ow appears on our ompany)	records.)		
		, 1,	2/2020 _{ar}	, ,	
The Articles of Organization for this Limited Liability Co		ed on	2 / 20 20 ar	id assigne	ed
Florida document number <u>L200000</u>	<u>1</u> .583				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ted liability con	npany here:			
,					
The new name must be distinguishable and contain the words "Limi	ited Liability Comp	any," the designatio	n "LLC" or the abbreviati	on "L.L.C	,,
Enter new principal offices address, if applicable:			<u> </u>	20	
(Principal office address MUST BE A STREET ADDR	ESS)		** · · ·		
12 (100)				2	
			,		; 773
Enter new mailing address, if applicable:			•		
(Mailing address MAY BE A POST OFFICE BOX)			표 한	- 	
(Mailing datess WAT BE AT OST OTTTED 2003)			27	Ġ.	
		·			
B. If amending the registered agent and/or registered	d office address	on our records,	enter the name of the	<u>ne new r</u>	egistered
agent and/or the new registered office address here:					
Name of New Registered Agent:					
Name of New Registered Agent.					-
New Registered Office Address:		Enter Florida stree	ei address		
			. Florida		
	City	y		Code	
New Registered Agent's Signature, if changing Registered	d Agent:				
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered at being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete perfor gent as provide ed office addres	mance of my du ed for in Chapte	ities, and I am famili ir 605, F.S. Or, if thi	iar wiin i s docum	ana ent is

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

Title	Name	Address	Type of Action
AUBR	Angel E Sintos-Gancia	7801 SW 22 ST	□Add
		MIGNI, FL, 33155	Remove
			(9Change
AMBR	YILSI Negnet-Comer	7801 SW 22ST Mami, FL, 33155	□Add
		Mami, FL, 33155	□Remove
			Change
/Temas have			□Add
			□Remove
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			☐ Change
			□Add
			□Remove
			Change

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	1 20 2020 M		
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Filing Fee: \$25.00