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COVER LETTER

TO: Registration Se Division of Cor					
• GRIME BI	TERS 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:			
	BRIAN MARSHALL GR	AY			
		Name of Person			
	GRIME BITERS LLC				
Firm/Company					
	PO BOX 504				
		Address			
	MCINTOSH, FL 32664				
		City/State and Zip Code			
	MARSATCOMP@AOL.C		******		
For further information c	e-mail address: (to be used for future annual report not all:	trication)		
MARSHALL GRAY		850 313-1950 at (
Name o	f Person		ne 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 Address Registration		Street Address: Registration So	ection		
Division of C		•	Division of Corporations		
P.O. Box 632	27	The Centre of			
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

// 150 29 PH 1 "D

GRIME BITERS LLC. (Name of the Limited Liability Company as it now appears on our records:)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on <u>JANUARY</u> 21,20 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ___ Ciry

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BRE S XIMENES	5730 AVE E 504, MCINTOSH, FL 32664	≣ Add
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Tective date, if other than the neffective date is listed, the date must te: If the date inserted in this blocument's effective date on the December 1.	t be specific and cannot be pricock does not meet the appli	icable statutory filin		
ecord specifies a delayed effective is filed.	e date, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
SEPTEMBER 24	2021			
····		 ·		
× B. Mal W				
× BMd &	Signature of a member or aut	horized representative	of a member	

• •

Filing Fee: \$25.00