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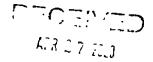
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Special Instructions to	Filing Officer:	





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Grateful Si SUBJECT:	isters LLC		•
SUBJECT:	Name of Lin	nited Liability Company	•
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Arlene Sandy Shapiro		
		Name of Person	
	Grateful Sisters LLC		
		Firm/Company	
	1050 93 St. Apt. 7D		
	u <u> </u>	Address	
	Bay Harbor Island, FL 33	154	
		City/State and Zip Code	
	asandyshapiro@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Arlene Sandy Shapiro		305 281 2549	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

TO:

Registration Section Division of Corporations

TO ARTICLES OF ORGANIZATION OF

Grateful Sisters 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 January 30,2020 and assignee Florida document number L20000037301 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 "LLC." 1050 93 St. Apt 7D Enter new principal offices address, if applicable: Bay Harbor Island, FL 33154 (Principal office address MUST BE A STREET ADDRESS) 1050 93 St. Apt 7D Enter new mailing address, if applicable: Bay Harbor Island, FL 33154 (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 reg agent and/or the new registered office address here:

Arlene Sandy Shapiro Name of New Registered Agent: 1050 93 St. Apt 7D New Registered Office Address: Enter Florida street address Bay Harbor Island

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 w. provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documenbeing 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.

hanging Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Act
MGR Arlene Sandy Shapiro	1050 93 St. Apt. 7D	□ Add	
		Bay Harbor Island, FL 33154	🗖 Remove
			■Change
		Remove	
		Change	
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		□Remove	
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		□Remove	
			☐ Change

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the legal name for Mgr S	andy Shapior is Arlene Sandy Shapiro.
	,
ote: If the date inserted in th	the date of filing:
record specifies a delayed efferis filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
April 9,	2020
Arline	Signature of member or authorized representative of a member
	engliature of authornica representative of a mention
Arlene Sandy Shapi	·o
	Typed or printed name of signee