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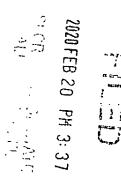
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Grandian Mem Name of Limited	onal Reess, LL	<u>.c</u>
The enclosed Articles of Amendment and fee(s) are submit	ted for filing.	
Please return all correspondence concerning this matter to t	he following:	
	Scatt Alyaner Name of Person	
Guardian	Memorial Rees	<u>ss,U</u> C
5135 05	Huy 19 M. HII	118
New Port	Richey Fl. 346	<u>دع</u>
E-mail address: (to b	TAU ACZO GMA e used for future annual report notification)	ic.com
For further information concerning this matter, please call:	,	
Anthony Scott Alyarez Name of Person	at (<u>813</u>) 263 - 83	128
Name of Leison	Area Code Daytime Telepho	one Number
Enclosed is a check for the following amount:		
S25.00 Filing Fee Scrifficate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Guardian Memor	ial Reess, LLC	
(Name of the Limited Liability Compar (A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000004277</u>	were filed on February 3	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
NA-Same		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N4- SAME	020
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		20
		2 111
Enter new mailing address, if applicable:	NA-SANE	ω to
(Mailing address MAY BE A POST OFFICE BOX)		7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
B. If amending the registered agent and/or registered office a	ddress on our records, enter the	name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent: NA - 3	AME	
	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	
- -	, Florid	la
New Registered Agent's Signature, if changing Registered Agent:		·
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I rovided for in Chapter 605, F.S.	am familiar with and . Or, if this document is

NA-Same
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
MGR	Anthony S. Alvarez	4401 Sanddollarct.	
	•	New Port Richard. 346	Remove
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			🗆 Add
			□Remove
			Change
 -		DChange	
			□Remove □
			□Change (1)
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n effective date is listed, the date must be specific and outer. If the date inserted in this block does not me					
cument's effective date on the Department of Sta		omam. mmg rodu			
ecord specifies a delayed effective date, but not a	nn effective time,	at 12:01 a.m. on the	earlier of: (b)	The 90th day afte	er tl
is filed.					
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ted February 18th.	2020				
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Filing Fee: \$25.00