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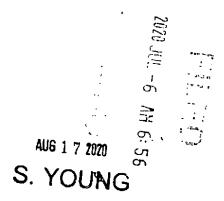
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COVER LETTER

TO:

Registration Section Division of Corporations

	e Solutions, LLC			
SUBJECT:Name of Limited Liability Company				
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Kieran Grant			
		Name of Person		
	Grant Home Solutions			
		Firm/Company		
	2330 Randall Rd			
		Address		
	Winter Park, FL 32789			
		City/State and Zip Code		
	granthomesolutionsfl@gma			
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
Kieran Grant		407 7120256 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 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	Section	Street Address: Registration Se		
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations The Centre of Tallahassee		
			oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grant Home Solutions, LLC	\sim	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	ت	• •==:
(A Florida Limited Liability Company)	2010 JUL	1 .
03/00/2030		• • •
The Articles of Organization for this Limited Liability Company were filed on $\frac{03/09/2020}{1}$	· and as	ssigned
lorida document number 85-1201654	7	
iona document number		}
his amendment is submitted to amend the following:	ئ	
	Q.	
. If amending name, enter the new name of the limited liability company here:		
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the al	obreviation "I	1C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		
Inter new mailing address, if applicable:	1.5	
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office address on our records, enter the nan	ie of the ne	w regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florida street address		
P11		
, Florida	Zin 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 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
President	Kieran Grant	2330 Randall Rd. Winter Park, FL 32789	\equiv Add
			□Remove
			□ Change
AMBR Kennady Grant	Kennady Grant	32549 Okaloosa Trl, Sorrento, FL 32776	
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			🗆 Add
			Remove
			□ Change
			Remove
			□ Change
			□Add
			□Remove
			□Change

Page 2 of 3

. If amending any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of fili (If an effective date is listed, the date must be specific a Note: If the date inserted in this block does not document's effective date on the Department of	and cannot be prior to date of filing or more than 90 days after fiting.) Pursuant to 605,02073 t meet the applicable statutory filing requirements, this date will not be listed as t
the record specifies a delayed effective	e date, but not an effective time, at 12:01 a.m. on the earlier of d.
Dated Ole 13 2020	a member or authorized representative of a member
Kieran Grant	
	Typed or printed name of signee