L20 000115 678

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Cr	ty/State/Zip/Phone	≘#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
ertified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
opeoid: mondonorio to	g Janoor.	

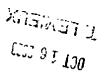
Office Use Only



800351101568

9975 GUG--01010--007 - 4975.00





COVER LETTER

Registration Section

O:

Division of Cor	porations	•	
UBJECT:	Grand So.	lutions Clea	ning
	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ndence concerning this matter	to the following:	
	Ma	Name of Person	
		Name of Person	
	Grand	Solutions Clear Firm/Company	ring
	11007 F	Incient Futures	<i>D</i>
	Tampa	FL 33647 City/State and Zip Code	
	Mrjon 25/ E-mail address: (h d 101 @ Ya kw . Co to be used for linure annual report noti	fication)
or further information c	oncerning this matter, please c	all:	
N.		- //06	0 () 0
Marvin	Jones	at (<u>8/3</u>) <u>427</u> Area Code Daytim) - 26/9
Name o	f Person	Area Code Daytim	ic Telephone Number
nclosed is a check for th	ne following amount:		
2 \$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 Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	•
Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

Grand So	lution?	5 Uagn	ina I	-NC.
(Name of the Limited Li (A F	ability Company as it now ap orida Limited Liability Compa	pears on our records.)	/	., -
		While	/	
he Articles of Organization for this Limited Liabili	ty Company were filed or		$\frac{1}{2}$ and i	assigned
lorida document number	<u>(e /</u> /	, ,		
his amendment is submitted to amend the followin	g:			
. If amending name, enter the new name of the	limited liability compan	v here: N/A		
he new name must be distinguishable and contain the words	"Limited Liability Company,"	the designation "LLC" o	or the abbreviation	"L.L.C."
nter new principal offices address, if applicable	<u></u>	. 		
Principal office address MUST BE A STREET A	DDRESS)			
				
nter new mailing address, if applicable:				
.,			लं अ	
Mailing address MAY BE A POST OFFICE BOX	<u></u>		(S	ক্রমণ
			37 32 Kg	11
. If amending the registered agent and/or regist	tared office address on or	us sacando antas th	a nama ar sta	
gent and/or the new registered office address he		ur records, <u>enter ta</u>	:172	iew registered
	_ ,,,			
Name of New Registered Agent:			(1) by	
Marie of New Registered Agent.			33	
New Registered Office Address:		V79 - 1		
	t.nter	Florida street address		
-		, Flor		
	City		Zip Coo	le [,]

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and scept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager .MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
NGR	Travis A Haynes	5125 Palm Springs blud ap Tannpa, FL. 33647	/-/0 ^y □Add
		Tampa, FL. 33647	Remove
			□Change
			🗆 🛆 dd
			□ Remove
			□Change
			🗆 Add
			Петоче
			Change
			□Add
			□Remove
			□Change
			🗆 🖊 dd
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change

mending any other i	information, enter change(s) here: (Attach additional sheets, if necessary.)
 	
	
	
	/
	
	than the date of filing: (optional)
offective date is listed, the e: If the date inserted	ne date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,02 in this block does not meet the applicable statutory filing requirements, this date will not be listed
iment's effective date	on the Department of State's records.
	d effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
filed.	
:d	
	min /
	1/1-10"
	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member Marvin Jones

Filing Fee: \$25.00