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## **COVER LETTER**

TO: Registration Se Division of Cor			
GRAP REZ	ZEN LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	YOTTY ZETRENNE		
	<del></del>	Name of Person	<u></u>
	GRAP REZEN LLC.		
		Firm/Company	
	5143 S JOHN YOUNG PK	CWY, STE 143	
		Address	
	ORLANDO, FL 32839		
•		City/State and Zip Code	
	Zetrenn1979@gmail.com		
and the second second		to be used for future annual report noti	fication)
For further information e	concerning this matter, please co	all;	
YOTTY ZETRENNE		407 912-7777	
Name o	f Person	at () Area Code Daytim	c 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	gtion
Registration bivision of C		Registration Se Division of Cor	
P.O. Box 632	-	The Centre of T	·
Tallahassee	FL 32314	2415 N. Monro	e Street, Suite \$10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRAP REZEN LLC.		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Lability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number 1.20000119443		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		.: 20Z
Principal office address MUST BE A STREET ADDRESS)		SHS T
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Inter new mailing address, if applicable:	····	
Mailing address MAY BE A POST OFFICE BOX)	******	<u> </u>
3. If amending the registered agent and/or registered office : gent and/or the new registered office address here: .	address on our records, <u>enter the</u>	name of the new reg
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
·	Florid	
	City	Zip 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
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ffective date, if other than the date an effective date is listed, the date must be sported in this block date. If the date inserted in this block date inserted in this block date.	pecific and cannot be prior t locs not meet the applica	to date of filing or more th		ng.) Pursuant to 605.0	
ocument's effective date on the Depart	ment of state's records,				
record specifies a delayed effective date I is filed.	e, but not an effective tir	ne, at 12:01 a.m. on th	e earlier of: (b)	The 90th day after	the
SEPTEMBER 21	2020				
		<u> </u>			
	NO	rized representative of a	<del></del>		

Typed or printed name of signee