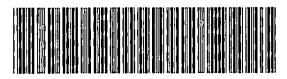
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COVER LETTER

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TO: Registration Section Division of Corporations	Control of the
SUBJECT: Grind Shine Hardd LLC	2421 AUG 20 AH 7: 06
Name of Limited Liability Company	* *
	*· *
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Terence L Rubinson	<u></u>
Fin/Company	·
228 NW 15th P	
Pompan o Beach Fl City/State and Zip Code	-33060
Robinson Le CE CE 2 (E-mail address: (to be used for future annual report not	Sucho Com
For further information concerning this matter, please call:	
Terence Robinson at 954 304	-5286 ne Telephone Number
Enclosed is a check for the following amount:	·
\$25.00 Filing Fee \$\times \tag{\tag{S30.00}} \text{Filing Fee & Certificate of Status} \$\times \tag{\tag{Certificate of Status}} \tag{\tag{Certificate of Status}} \$\tag{\tag{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 Tallahassee, FL 32314 Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grand Shi	ne Hardd LLC	
(Name of the Limited L. (A F	tability Company as it now appears on our records.) forida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number	tity Company were filed on 7/1/202	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the Grind Hord Shine Hother the new name must be distinguishable and contain the words Enter new principal offices address, if applicable	"Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
(Principal office address MUST BE A STREET A.	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	Same	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ame of the new registered
Name of New Registered Agent:	Same	
New Registered Office Address:	Enter Florida street address	<u>22</u>
	,, Florida	60
	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 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>	Name	Address	Type of Action
			□Add
			□Remove
			[] Clange
			Remove
			ClChange
			□Add
			□Remove
			☐Change
			□ Add
	•		□Remove
			☐ Change
			∐Add
	α		□ Remove
			☐Change
			□Add
			□Change

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an effective d	te, if other than the date of filing: (optional) late is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed effective date on the Department of State's records.
record speci I is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ated <u>Ac</u>	
	140 1 / W 1 11 11 11 11 12 12 12 12 12 12 12 12 1
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00