## LZC000324334

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## **COVER LETTER**

Division of Corp		CTING AND REAL ESTATE AS	S ASSOCIATION II C
SUBJECT: ORLEWEY		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Processing Departmen	nt	
		Name of Person	
		Firm/Company	
	5605 Riggins Court		
		Address	
	Reno, NV 89502		
		City/State and Zip Code	
	returndocs@incat	uthority.com to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please co	all:	
Processing Departme	ent	at (800 ) 638-2320 Daytime	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## GRENIER AND PARTNERS CONTRACTING AND REAL ESTATE AS ASSOCIATION, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compar	y were filed on October 13, 2020	and assigned
Florida document number L20000324334		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	
GRENIER AND PARTNERS CONTRACTING ANI	D REAL ESTATE ASSOCIATIO	N LLC
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		7020 HOY
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		0
(Maining datatess MAT BE AT ONE OTTICE BOX)	· <del></del>	¥ 111
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		er the matter of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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 = 2	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00