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(Requestor's Name)
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,
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(Document Number)
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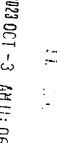
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COVER LETTER

TO: Registration Se Division of Cor	
SUBJECT: Gro	Namelof Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
t	Ion Renita Name of Person
	Grante Empire
	5605 Murfreesborord
	La Vergne TN 37086
	E-mail address: (to be used for future annual report notification)
For further information c	oncerning this matter, please call:
Tammy Name o	Thompson at 864, 380-7198 Area Code Daytime Telephone Number
Enclosed is a check for th	ne following amount:
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	1

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Granite Er	maire LLC	
(Name of the Limite	d Lability Company as it now appears on o A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Lia Florida document number 120009	ability Company were filed on 21	23/21 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	<u>Fig. 22 </u>
(Principal office address MUST BE A STREET	(ADDRESS)	<u> </u>
Enter new mailing address, if applicable:		ASSET A
(Mailing address MAY BE A POST OFFICE B	<u></u>	= ::
		06
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:		s, enter the name of the new registered
New Registered Office Address:	Enter Florida stra	ret 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action	
AMBR	Nicolae Panfili	1836 South Tamiami T	<u>ail</u> □Add	
	4_	1836 South Tamiami Ti Venice FL 34293	Remove	
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Filing Fee: \$25.00