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| PICK-UP WAIT MAIL |
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| Cadified Casins Cadificator of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|-----------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| owner Groves Consulting | 1))(| |
| SUBJECT: Graves Consulting | Limited Liability Company | |
| | | |
| The enclosed Articles of Amendment and fee(s) are | e submitted for filing. | |
| Please return all correspondence concerning this ma | atter to the following: | |
| Ryan Gra | Nes Name of Person | |
| Graves Co | | |
| | nsulting LLC Firm/Jompany | |
| 220 Breva | ard Blyd Address | |
| Hontsville, | AL 35811 City/State and Zip Code | |
| | SPACE. CONSULTING 9M2 essi (to be used for future annual apportabilities | il. com |
| For further information concerning this matter, plea | ise call: | |
| Ryan Graves | at (256) 289-144 Area Code Daytime T | 14 |
| Name of Person | Area Code Daytime T | elephone Number |
| Enclosed is a check for the following amount: | | |
| \$\$\$25.00 Filing Fee S30.00 Filing Fee & Certificate of Statu | | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section | Street Address: Registration Section | on |

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

| Graves Consulting LLC | | |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on our rainability Company) | ecords.) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>にといいの句のちばす</u> 。 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity 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) | | |
| | | |
| Enter new mailing address, if applicable: | 220 Brevard F | 31 vd . 35811 |
| Mailing address MAY BE A POST OFFICE BOX) | HUMISVILLE, AL | . 35811 |
| | | |
| 3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: | eddress on our records, <u>e</u> | nter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street c | address |
| - | | _, Florida Zip Code |
| | Ciņ | 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 |
|--------------|--------------|------------------------------|----------------|
| AMBR | Laura Graves | 1709 N Harbor City Blvd #125 | □Add |
| | | Melbourne, FL 32935 | iRemove |
| | | | □Change |
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| II AIIIC | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| lf an eff <u>Note:</u> | ective date, if other than the date of filing: |
| e recor rd is fil | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed. |
| Dated | <u>December 4</u> . 2023. |
| | Signature of a member or authorized representative of a member |
| | Ryan Groves |
| | Typed or printed name of signee |