L21000 146354

(Requestor's Name)
(Address)
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(,
PICK-UP WAIT MAIL
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Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

www.com. C I Disin	· Comma Hamas I.I.C			
SUBJECT: Grand Risin	Name of Limi	ited Liability Company		
	Amendment and fee(s) are sub- ndence concerning this matter			
	Julie Alexis	Name of Person	<u> </u>	
	ACCESS ACCOUNTING	AND PAYROLL		
	1210 S FEDERAL HWY	Firm/Company STE 102		
		Address		
	BOYNTON BEACH	City/State and Zip Code	2021 	
	julie@aaptax.com E-mail address: (to be used for future annual report notif	2021 SEP 23	· -
For further information e	oncerning this matter, please c	all:	Σ Δ Σ Ξ	
Julie-Alexis Fanfan Name o	f Person	at (<u>561</u>) <u>600-9288</u> Area Code Daytime	Telephone Number	٠.
			<i>,</i>	
Enclosed is a check for the	ne 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		Street Address: Registration Sec	tion	
Registration S Division of C		Division of Cor		
P.O. Box 632		The Centre of T	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our reconted Liability Company)	cords.)
The Articles of Organization for this Limited Liability Com	pany were filed on <u>03/29/2021</u>	and assigned
Florida document number <u>L21000146354</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
		2021 177
		ALL SE
inter new mailing address, if applicable:		N
Mailing address MAY BE A POST OFFICE BOX)		$\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$
 If amending the registered agent and/or registered of gent and/or the new registered office address here: 	ffice address on our records, <u>en</u>	ter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
	City	, Florida Zio Code
	Chy	z.p Coae

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
MGR	DESIRE. OLIVE	3401 21st SW	□ Add
		Lehigh Acres. FL 33976	□Remove
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fective date, if	f other than t	the date of fil	ing:	prior to date o	f filing or more	(0		SEP 23 AH 7: 30	
If the date	inserted in this	the date of fil must be specific s block does no e Department o	it meet the aj	oplicable stat	f filing or more utory filing r	than 90 days a equirements.	ptional) after filing.) P this date wi	ursuant to II not be	605.020 listed a
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ecord specifies is filed.	a delayed effe	ctive date, but r	not an effecti	ive time, at 1	2:01 a.m. on	the earlier of	(b) The 9	00th day	after the
ted <u>9/17/2021</u>			-· —						
ted <u>9/17/2021</u> 	E	MNGNL Signature of	el T	City Cauthorized re	arescentative est	a member			-

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