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2021 OCT 19 PH 3: 10 SECRETARY OF STATE

Y. SCOTT NOV - 1 2021

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Prinetine laws and L Name of Limited Liability Company	and scaping LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
Marcel R Patter	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
Firm/Company 530 Roosevelt A	2021 OCT 19 PM 3: 10 SECRETANY OF STATE TALL Ally SSEE, FL
Address Marritt Island F City/State and Zip Cod	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
E-mail address: (to be used for future annulation concerning this matter, please call:	al report notification)
Marcel Patterson at (321) Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee Certificate of Status □ \$400 Certified Copy (additional copy is expected)	Certificate of Status &
Registration SectionRegistrationDivision of CorporationsDivisionP.O. Box 6327The CorporationTallahassee, FL 323142415 In the Corporation	Address: tration Section ion of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LZ10002326#8</u> .	were filed on May 19, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Holy Grands Laws and The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of 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: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 120102 = W.Melbourne, Fl 32912
B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> :	ddress on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

City

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Marcel Pattoson	530 Roosevelt Ave	SAdd
		Morritt Island, F1 329	U _Remove
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			□Add
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		OF STATE	
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fective date, if other than an effective date is listed, the date ote: If the date inserted in the ocument's effective date on the	e must be specific : iis block does no	and cannot be prion t meet the appli	cable statutory	or more than 90 d	_ (optional) ays after filing.) nts, this date w	Pursuant t /ill not b	o 605.020 e listed a
record specifies a delayed effi is filed.	ective date, but r	ot an effective	time, at 12:01 a	.m. on the earlie	er of: (b) The	90th day	after the
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