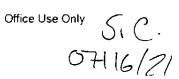
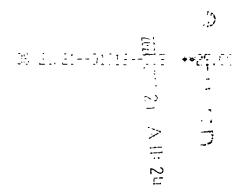
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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:

Registration Section
Division of Corporations

GRILLO I	LC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
	INCFILE.COM LLC		
		Firm/Company	
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON, TX 77064		
		City/State and Zip Code	
	EFILE1234@INCFILE.CO		
	E-mail address: (to be used for future annual report notific	ration)
For further information of	concerning this matter, please c	all:	-
LOVETTE DOBSON		888 462-3453	123
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		> > 1
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sect Division of Corpo The Centre of Ta 2415 N. Monroe	orations Hahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRILLO LLC		
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.) any)	
The Articles of Organization for this Limited Liability Company were filed of Florida document number L21000245900	n 05/26/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compar	ıy he <u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abb	reviation "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)		
B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	ur records, enter the name	of the new regist
		1
Name of New Registered Agent:		"
New Registered Office Address:	r Florida street address	<u></u>
Ente	r Pioriaa sireet adaress	= 7
City	, Florida	∨ Zip Code
Car		en cour

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>	<u>Address</u>	Type of Action
AMBR	Danilo Dimartini Moura Grillo	1614 Nestlewood Trl	□Add
		Orlando, FL 32837	□Remove
			■ Change
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Effective date, if other fan effective date is listed. Note: If the date inserte document's effective date.	the date must be speci d in this block does	ific and cannot be prior s not meet the applic	to date of filing or neable statutory filin	(option ore than 90 days after ag requirements, this	filing.) Pürsuant to	605.020
record specifies a delay d is filed.	ed effective date, b	ut not an effective ti	ime, at 12:01 a.m.	on the earlier of: (b) The 90th day a	ifter the
June 9 Dated		2021				
Pated	ilo Dim	artini	Mouro	Gulle	9 -/-	-
- Carrie	▼Signatur	e of a member or auth	orizea representative	e of a memoer		

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