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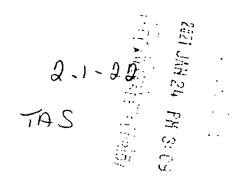
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COVER LETTER

TO: Registration Section

Division of Corporations

Tallahassee, FL 32314

	MPYREAN LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
	INCFILE.COM LLC		
		Firm/Company	
	17350 STATE HWY 249 S	STE 220	
		Address	
	HOUSTON, TX 77064		
		City/State and Zip Code	
	EFILE1234@INCFILE.CO	M to be used for future annual report no	stification)
For further information of	concerning this matter, please co		
LOVETTE DOBSON		888 462-3453	
Name o	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	he 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 Addre		Street Address:	ection
Registration Division of O		Registration S Division of Co	
P.O. Box 632	•	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRAND EMI	PYREAN LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our recor Liability Company)	ds.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>1.21000317357</u> .	were filed on 07/12/2021	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:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1150 NW 72nd Ave Tower 1 Ste 455 #4517		
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33126		
Enter new mailing address, if applicable:	1150 NW 72nd Ave Tower I		
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33126		
		55	
		- P	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registere	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addre	ess	
	, F	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	Charles Bailey	1150 NW 72nd Ave Tower I Ste 455 #4517	🗆 Add
		Miami, FL 33126	□Remove
			■ Change
			□Add
			□Remove
			□Change
		-	□ Remove
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ctive date, if other than the d	eta of filing:	(antiox	ng))
effective date is listed, the date must b	e specific and cannot be prior to date of f		lling.) Pursuant to 605.020
e: If the date inserted in this bloc ument's effective date on the Dep	k does not meet the applicable statut artment of State's records.	fory filing requirements, this c	late will not be listed a
·			
	date, but not an effective time, at 12:	01 a.m. on the earlier of: (b)	The 90th day after the
filed.			
January 18	2022		
ed	··		
Charle	Baila		
$(\Lambda \Lambda \Lambda V V)$	gnature of a member or authorized repre		