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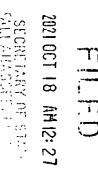
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## **COVER LETTER**

TO: Registration S Division of Co					
	ER GRAN LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	NELSON ALVAREZ				
		Name of Person			
	TRANSFER GRAN LLC				
		Firm/Company			
	1830 NW 7th ST SUITE 2	02			
		Address			
	MIAMI, FL 33125				
		City/State and Zip Code			
	info@naincometax.com				
For further information	E-mail address: ( concerning this matter, please c	to be used for future annual report notif	ication)		
	concerning this matter, piease c	an.			
NELSON ALVAREZ		305 381-5362 at ( )			
Name (	of Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for t	the following amount:				
<b>■</b> \$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)		
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	tion		
Division of C	Corporations	<del>-</del>	Division of Corporations		
P.O. Box 633		The Centre of T			
Tallahassee.	FL 32314	2415 N. Monroe	Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 OCT 18 AM 12: 27

TRANSFER GRAN LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records.) TALLAH (A Florida Limited Liability Company) **(** )) The Articles of Organization for this Limited Liability Company were filed on \( \frac{07/23/2021}{2} \) \_ \_ \_ and assigned Florida document number 1.21000337055 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 our records, enter the name of the new registered agent and/or the new registered office address here: DAVID AGUILAR Name of New Registered Agent: 10270 SW 173RD ST New Registered Office Address: Enter Florida street address MIAMI 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

Title	<u>Name</u>	Address	Type of Action
MGR	YONEXIS M FONSECA BORREI	10270 SW 173RD ST	≘Add
		MIAMI, FL 33157	□Remove
			□Change
MGR	OMAR L VAZQUEZ BOSA	10270 SW 173RD ST	<b>≣</b> Add
		MIAMI, FL 33157	□Remove
			☐ Change
			□Add
			□Remove
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Note:	tive date, if other the fective date is listed, the late inserted in nent's effective date of	in this block does r	not meet the applical	o date of filing or mor ble statutory filing	(option than <sup>90</sup> days after the requirements, this	nal) iling.) Pursuant to 605.02 date will not be listed :
e recor rd is fil		effective date, but				The 90th day after th
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Dated	SEPTEMBER 22	<del></del>	_ ·	-10 WW		
Dated	SELFEMBER 22		<del></del>	Mila		
Dated	SEL TEMBER 22		of a member or author	/ /		