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COVER LETTER

Division of Corp		•	t	
CHDIECT.	GRENCI	& MILIAN LLC	•	•
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of A	amendment and fee(s) are sub	unitted for filing.		
Please return all correspon	idence concerning this matter	to the following:		
		Sonia Becerra		
		Name of Person		
		Swyft Filings		
		Firm/Company		
		3 Greenway Plaza #1320	0	
		Address		
		Houston, TX 77046		
		City/State and Zip Code	<u>-</u> _	
		jlmilian47@gmail.con to be used for future annual r		
For further information co	ncerning this matter, please c		eport notification,	1
Sonia Becerra		at (877)	777-0450	
Name of	Person	Area Code	Daytime Telepl	none Number
Enclosed is a check for the	e following amount:			
😨 \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Address Registration S	-	<u>Street Ad</u> Registra	dress:	
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRENCI & MILIAN LLC

(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited List Florida document numberL210003821		and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the a	bbreviation "L L.C."
Enter new principal offices address, if applica	ible:	
Principal office address MUST BE A STREE	T ADDRESS)	
3. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:	egistered office address on our records, enter the names here: Jose Luis Milian	ne of the new register
New Registered Office Address:	3608 SPATTERDOCK LANE	7 2
	Fort St Wue, Florida	349 SZ
	City	Zip Code 🕠
Sew Registered Agent's Signature, if changing R	egistered Agent:	H -
provisions of all statutes relative to the prope accept the obligations of my position as regis	I agent and agree to act in this capacity. I further ager and complete performance of my duties, and I amptered agent as provided for in Chapter 605, F.S. Or egistered office address. I hereby confirm that the lichange.	familiar with and if this document is

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	JOSE L MILIAN	3608 SPATTERDOCK LN	□AJd
		PORT SAINT LUCIE, FL 34952	_ X IRemove
	., , ,		□Change
AMBR	JOSE L MILIAN	3608 SPATTERDOCK LN	XAdd
		PORT SAINT LUCIE, FL 34952	□Remove
	t ki Mati i i i i je je ki i i i i i i i i i i i i i i i i i i	A Commission of the Commission	□Change
			□Add
			□Remove
			□Change
		101000000000000000000000000000000000000	□Add
			Remove
			□Change
			🗖 Add
			□Remove
			Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b). The 90th day after the record is filed. Signature of a member or authorized representative of a member

Filing Fee: \$25.00