## 121000401794

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(Address)
(Address)
(City/State/Zip/Phone #)
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

бивјест: <u>Суга</u>	1 Riders + Name of Lim	Landynan SECL ited Liability Company	nces UC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Daniel	Quinones Name of Person		
		Firm/Company		
	479 S. A	+ berdeenshire	De.	
		Address	<u>n</u>	2021
	SAINT TOHN.	City/State and Zip Code  The Hood. Com  to be used for future annual report notif		2021 SEF 24
		City/State and Zip Code		2.
	DQUE 89 @	2 Tatoo. Com		ָ סר
	E-mail address: (	to be used for future annual report notif	ication)	::E:  }} :=
	oncerning this matter, please ca	all:		PH 2: 14
Daniel (	Rivones	at (845) 20 to Area Code Daytime	_	
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne 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 Statu Certified Copy (additional copy is enc	
Mailing Addres Registration S		Street Address: Registration Sec	etion	
Division of C	orporations	Division of Cor	porations	
P.O. Box 632		The Centre of T	allahassee • Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRAY			SERVICES LLC	
	(Name of the Li	mited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
			- A - 1 -	

(A Florida Limited Li	ability Company)	<u></u> ,	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L21000401794</u> .	vere filed on	9/9/21	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the de-	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			***
(Principal office address MUST BE A STREET ADDRESS)			<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		PL CA	021 SEP 24 PH 2: H
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:			
Name of New Registered Agent:  New Registered Office Address: (SAME) 479  Saint 50	iniel a	)umones	
New Registered Office Address: (SAME) 479	S. Aberd	eenshire D	»C
Sound Jo	)+42J	. Florida	32259
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I handle assent the appointment as registered agent and agra-	a to ant in this a	anzwith I further an	rea to comply with the

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>	Name	Address	Type of Action
MAR	Daniel Quinaries	479 S. Aberdeenshire	Add
		479 S. Aberdeenshire Saint Johns, FL 32259	
		(First name Change)-	Change
			□Add
			□Remove
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ective date, if other than the date of	filing:		(a	optional)		
effective date is listed, the date must be specified. If the date inserted in this block does	fic and cannot be pric	or to date of filing (	or more than 90 days.	after filing.) Pur	suant to 6	05.020 isted a
cument's effective date on the Departmen			ning requirements.	ting date win	1101 00 11	15100 12
cord specifies a delayed effective date, bust filed.	ut not an effective	time, at 12:01 a.	m, on the earlier o	f: (b) The 90	th day af	fter the
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ed 9/13/21	2001		<b>`</b>			
	7	)/(-)	<del></del>			
Signature	e of a member or aut	horized represents	tive of a member			