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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee. FL 32314

C1110 112770	Grandma LLC		
JOBSECT.	Name of Lim	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:	
	Gail Rudnick		
		Name of Person	
	Excuse My Grandma LLC		
	•	Firm/Company	
	1 North Breakers Row		
		Address	
	Palm Beach Florida 33480		
		City/State and Zip Code	····
	kmurstein@gmail.com		T24 - 3
P 6 4 1 6 4		to be used for future annual report not	ilication)
For luriner information c	oncerning this matter, please c	2411:	
	, ,	at ()	ne Telephone Number
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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 Addres Registration 9		<u>Street Address:</u> Registration Sc	ection
Division of C		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

Excuse My Grandma LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on December 1, 2021 and a

(A Pioriga Littlico I.	matrice Company)	
The Articles of Organization for this Limited Liability Company	were filed on December 1, 2021	and assigned
Florida document number L21000508932		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	llity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	previation "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 a agent and/or the new registered office address here: Name of New Registered Agent:	nddress on our records, enter the name	
New Registered Office Address:	\tilde{v}	021
New Registered Office Address.	Enter Florida street address	021 DEC 2
	Florida	200 (10 for 10 f
New Registered Agent's Signature, if changing Registered Agent:	City	OF S
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agr performance of my duties, and I am fo provided for in Chapter 605, F.S. Or, i	ee to comply with the unittar with and if this document is
If Chan	ging Registered Agent Signature of New Reg	istered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>l'itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Kimberly Murstein	55 West 25th St. Apt 24C New York NY 10010	= Add
			□Remove
			□ Change
 		- · · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			□Change
		·	□Add
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December 15 Signature of a member or authorized representative of a member	<u>Fote:</u> If the date inserted in	in this block does not meet the applicable statutory filing requirements, this date will not be listed as
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Carl Unidated A. J.	1 is filed.	. 2021

Filing Fee: \$25.00