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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: <u>Gra</u>	Name of Limit	1000 Lied Liability Company	
The enclosed Articles of A	amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Coty	Name of Person	
	Gray'S E	Firm/Company	<u>((</u>
	1010 M	Modern Stud	
	Labelle F Rare frech E-mail address: (to	City/State and Zip Code Cas	: Com
For further information co	ncerning this matter, please ca	di:	
Name of	ec.(/ Derson	at (<u>\$103</u>) <u>(07)-</u> Area Code Daytime T	Celephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Companion (A Florida Limited Liability Companion)	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1010 muriel Blud
(Principal office address MUST BE A STREET ADDRESS)	Cobelle Horida
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as Above
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: Aug	St Giattino
New Registered Office Address:	Enter Florida street address
<u>Cabel</u>	Florida 33935 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
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ː If the da	te inserted in	this block do	es not meet the a nent of State's re-	applicable statut	tory filing requ	irements, this	date will not be listed
ord specific	es a delayed c	effective date.	but not an effec	tive time, at 12:	01 a.m. on the	earlier of: (b	The 90th day after
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	(Ty	Signa	ure of a member o	r authorized repre	esentative of a m	ember	