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## **COVER LETTER**

10:	Division of Corporations	•	
, SUBJE	CT: Granado & Imbert Group LLC  Name of Limited Liability Company		
The enc	closed Articles of Amendment and fee(s) are submitted for filing.		
Please r	return all correspondence concerning this matter to the following:		
	Eduardo Granado Rodriguez Name of Person		
	Granado P Imbert Group LLC_ Firm/Company	2022 JUL -7	
	2369 Meadow Lane	,	in
	Kissinnel FL 34744  City/State and Zip Code		
	E-mail address: (to be used for future annual report notification)		
For furt	her information concerning this matter, please call:		
_E	Name of Person Area Code Daytime Telephone Number		
Enclose	d is a check for the following amount:		
□ \$25	(additional copy is enclosed) Certified (	e of Status &	
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 81Tallahassee, FL 32303	.0	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Granado & Imbert	Group ILC	<u>.                                      </u>		
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on e liability Company)	our records.)		
The Articles of Organization for this Limited Liability Company lorida document number <u>L 2 2 0 0 0 26 38 0</u>	were filed on $\overline{\int a_1}$	wary 122022	and ass	signed
his amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limited liabi	lity company here:			
ne new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designa	ttion "LLC" or the abbrev	riation "L	.L.C."
nter new principal offices address, if applicable:		2.17		
rincipal office address MUST BE A STREET ADDRESS)	plicable:			
		11		- 1:
		10 A	-7	
nter new mailing address, if applicable:		·i.	70	, ( )
<b><u> 1ailing address MAY BE A POST OFFICE BOX)</u></b>		٠. ·		
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. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our record	ds, <u>enter the name o</u>	f <u>the ne</u>	w registe
Name of New Registered Agent:				
New Registered Office Address:			_	
	Enter Florida st	reet address		
		, Florida		
	City <sup>.</sup>		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 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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	nan the date of fili	ng: To	ne 23	2022	(optiona	n	
ective date, if other th	date must be specific a	nd cannot be pri	or to date of filir	ng or more than 9	0 days after filir	ig ) Pursuan	t to 605.02
n effective date is listed, the	n inis block does not	Contact the appl		y ming require	ments, tins da	te will not	be listed
n effective date is listed, the <b>te</b> : If the date inserted in	n this block does not	state's record	is.				
n effective date is listed, the <b>te</b> : If the date inserted in	n this block does not	state's record	is.				
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