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| (Rec | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
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| SUBJECT:O | rayawhile LL | C | |
| SUBJECT. | Name of Limi | 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: | |
| | Lynn Riz | Name of Person | |
| | grayawt | Firm/Company | <u>.</u> |
| | IPMB 3037 | 3564 Avalon | Park E Blud Ste |
| | Orlando, F | City/State and Zip Code @ gmail Com | |
| | grayawhile E-mail address: (1 | City/State and Zip Code O GMOIL COM to be used for future annual report notifi | cation) |
| For further information of | concerning this matter, please ca | | |
| | LiZZO of Person | at (<u>352)</u> 9786 Area Code Daytime | 432 Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| √S25.00 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 Addre | | Street Address: | stion |

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

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

| grayawhile L | LC |
|---|--|
| | Company as it now appears on our records.) mited Liability Company) |
| The Articles of Organization for this Limited Liability Com Florida document number <u>L22000135857</u> | npany were filed on $03/18/2022$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited | d liability company here: |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRES | <u>SS)</u> |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | ffice address on our records, enter the name of the new registere |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | |
| | City Zip Code |
| New Registered Agent's Signature, if changing Registered A | gent: |

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 |
|--------------|-------------|---|----------------|
| AR | Lynn Rizzo | IPMBER 3037 3564 Avalon Parki | Ę_ □Add |
| | | IPMBp. IPMB 3037 3564 Avalon Parkt Blvd Suite 1 Orlando, FC 32828 | Remove |
| | | - a m0 | 🗆 Change |
| <u>mbr</u> | Lynn Rizzo | IPMB 78th 3037 3564 Avalon Parkt BIVD Suite 1 | D Add |
| | | Orbando, Fr 32828 | □Remove |
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| April 7 | | . 2022 | <u>_</u> . | | | | | | |
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| | Signature of a | inchiber of aut | horized re- | resentative | of a mem | her | | · ·· | _ |
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