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(Re	questor's Name)	
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COVER LETTER

TO:	Registration Division of	n Section Corporations		
SUBJEC		t He LLC		
SUBJEC	,l:	Name of Lin	mited Liability Company	
The encl	osed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please re	turn all corre	spondence concerning this matte	r to the following:	
		Jacqueline		
		·	Name of Person	
		ZenBusiness INC		
		****************	Firm/Company	
		5511 Parkerest Drive STI	E 103	
			Address	
		Austin, Texas, 78731		
			City/State and Zip Code	
		fulfillment@zenbusiness.c		
For furth	er informatic	it-mail address: on concerning this matter, please of	(to be used for future annual report not call:	ification)
		o ZenBusiness INC	844 493-6249	
Name of Person		ne of Person	at () Area Code Daytin	ne Telephone Number
Enclosed	is a check fo	or the following amount:		
\$25. 0	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 Add Registratio		Street Address: Registration Se	ection
	Division o	f Corporations	Division of Cor	rporations
	P.O. Box 6 Tallahasse	6327 e. FL 32314	The Centre of 1 2415 N. Monro	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	2022
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Grant & He LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 04/26/2022 and assigned Florida document number 1.22000198201 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

, Florida __

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
AMBR	Yuwen He	909 Fernald Street	
		Edgewater, Fl. 32132-2311	□Remove
			■Change
AMBR	Katie He	909 Fernald Street	□Add
		Edgewater, FL 32132-2311	≣Remove
			□Change
			□Add
			□Remove
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			□Add
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cote: It the dat	if other than the d is listed, the date must e inserted in this bloc ctive date on the Dep	ek does not mee partment of Stat	et the applicable ic's records.	e statutory filing	requirements.	this date wil	I not be	listed (
record specifie l is filed.								
is filed.			2022					
is filed.		٠ .	2022				71	202
is filed.	/s/ Grant Fav	vaz		nd representative o	f a member		8	Jr 2202
June 6th	/s/ Cirant Fav S	vaz		nd representative of	f a member		## 	2022 JUN -
June 6th	/s/ Grant Fav	vaz ignature of a mei		·	f a member			2022 JUN -9 AH