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COVER LETTER

TO:	Registration Se Division of Cor				
omb ica					
SUBJEC	.:	Name of Lim	ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		GLORIA M ZEVALLOS			
			Name of Person		
BEST QUICK TAX RETURNS INC					
			Firm/Company		
320 S BUMBY AVE STE 10					
			Address		
	ORLANDO FL 32803				
			City/State and Zip Code		
		BQITR@MSN.COM			
		E-mail address: (to be used for future annual report no	tification)	
For furth	ner information c	oncerning this matter, please c	all:		
GLORIA M ZEVALLOS		407 896-7921 at ()			
Name of Person			me Telephone Number		
Enclose	d is a check for th	ne 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 Address: Registration Section		Street Address: Registration Section			
Division of Corporations			Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
	rananassee,	しん シムシ して	2410 N. MOH	or sacci, sanc 610	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 13 PM 12: 42

GR BUILDERS INVESTORS LLC (Name of the Limited Liability Company as it now appears on our records.) LAHASSEE, FI The Articles of Organization for this Limited Liability Company were filed on $\frac{05/06/2022}{1}$ and assigned 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 "L.L.C." 19221 NE 10TH AVE APT 222 Enter new principal offices address, if applicable: MIAMI FL 33179 (Principal office address MUST BE A STREET ADDRESS) 19221 NE 10TH AVE APT 222 Enter new mailing address, if applicable: MIAMI FL 33179 (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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, 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	JEISON M GOMEZ SALAMANCA	19221 NE 10TH AVE APT 222 MIAMI FL 33179	= Add
			□Remove
			□Change
AMBR	JEISON M GOMEZ SALAMANCA		□Add
		11011 NW 7 ST APT 104 MIAMI FL 33172	Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□ Change

Typed or printed name of signee

JEISON M GOMEZ SALAMANCA