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(City/State/Zip/Phone #)

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(Business Entity Name)

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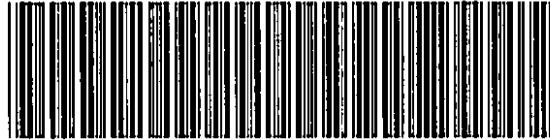
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 AUG -9 PM 12:04

J. LEWIS
OCT 31 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRALUVIEL LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

XIOMARA MORDCOVICH

Name of Person

GRALUVIEL LLC

Firm/Company

4828 SW 183rd Ave.

Address

MIRAMAR, FL 33020

City/State and Zip Code

INFO@TAXUP.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

XIOMARA MORDCOVICH

955 593-3330

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

Enclosed is a check for the 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
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

GRALUVIEL LLC

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

[illegible]

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 1st, 2022

Signature of a member or authorized representative of a member

Xiomara Mordovich

Typed or printed name of signer

Filing Fee: \$25.00