## h22000268624

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE.

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## **COVER LETTER**

TO:

Registration Section

Division of Corporations			
GRALUVI	EL LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	unitted for filing	
Please return ali correspo	indence concerning this matter	to the following:	
	XIOMARA MORDCOVI	СН	
		Name of Person	
	GRALUVIEL LLC		
		Firm/Company	
	4828 SW 183rd Ave.		
		Address	
	MIRAMAR, FL 33020		
		City/State and Zip Code	
	INFO@TAXUP.NET		
		to be used for future annual report no	offication)
For further information e	oncerning this matter, please c	all:	
XIOMARA MORDCOV	<del>ИСН</del>	955 593-3330	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5		Street Address: Registration S	Section
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRALUVIEL LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on JUNE 13th, 2022	and assigned
Florida document number 1.22000268624	·	
his amendment is submitted to amend the following:		
If amending name, enter the new name of the li	mited liability company here:	
GRALUVIEL AND LAR LLC		
he new name must be distinguishable and contain the words "I,	imited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	ORESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
<ol> <li>If amending the registered agent and/or register gent and/or the new registered office address here</li> </ol>		ame of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emyr Furibu Sveve unwess	
		<del></del>
	Cin	Zin 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 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>	Name	Address	Type of Action
	<del></del>		□Add
			Remove
		·	□Change
			□Add
			Remove
			Change
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			□Change

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Dated Quot 15 <sup>4</sup> Signific of a member or authorized representative of a member		
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	Dated _	<u> </u>
		Janan Janas Landon La
		Signature of a member or authorized representative of a member

Filing Fee: \$25.00