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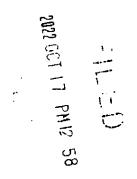
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LCC NIC Amend



A. RAMSEY JAN 10 2023

COVER LETTER

TO:		istration Sec sion of Corp		
CUBIE	Cat,	GRAND IN	VESTMENTS LLC	
SUBJE	CI:		Name of Lim	ited Liability Company
The enc	losed	Articles of A	Amendment and fee(s) are sub	omitted for filing.
Please re	eturn	all correspon	ndence concerning this matter	to the following:
			BERNADETTE GRANDI	INETTI
				Name of Person
				Firm/Company
			211 SUNSHINE DRIVE	Add
			SAINT AUGUSTINE, FL	Address . 32086
				City/State and Zip Code
			grandinettibk@outlook.con	
For furt	her ir	iformation co	E-mail address: (oncerning this matter, please c	(to be used for future annual report notification)
BERNA	ADE"	ΓΤΕ GRANL	DINETTI	904 377-3083 at ()
	•	Name of	Person	Area Code Daytime Telephone Number
Enclose	ed is a	check for th	e following amount:	
■ \$25	5.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Reg Div P.C	iling Address gistration S vision of C). Box 632 lahassee, F	Section orporations 7	Street Address: 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

MILEU

2022 OCT 17 PM 12 58

GRAND INVESTMENTS LLC		
(<u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appears on our ronda Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabilit	y Company were filed on 06/23/2022	and assigned
Florida document number L22000285341	·	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
BERNADETTE GRANDINETTI, LLC		
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 AL	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registe	ered office address on our records, <u>e</u>	nter the name of the new register
igent and/or the new registered office address her	<u>re</u> :	
Name of New Registered Agent:		
N 10 10 10 11		
New Registered Office Address:	Enter Florida street c	address
		m 11
_	City	, Florida Zip Code
	City	Zip 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
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
		 	
			□Change
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fective date, if other than the date of filing: 10/10/2022 (optional) n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.022 neg. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records. ccord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. Signature of a model-over authorized representative of a member		_
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Signature of a member or authorized representative of a member	ted 10/10/2022.	- -
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BERNADETTE GRANDINETTI	BERNADETTE GRANDINETTI	

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Filing Fee: \$25.00