4/4/23, 5:03 PM



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LICENSES & PERMITS LLC

Account Number : 120210000155 Phone : (305)226-8727 Fax Number : (305)226-8767

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COVER LETTER

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SUBJECT:	GRG CON	ISTRUCTION SERVICES, L	rc	
SUBJECT;		Name of Li	mited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are su	bmitted for filing	
		ondence concerning this matte		
		LUCIA ESTRELLA		
			Name of Person	
		LICENSES & PERMITS		
			Firm/Company	
		8300 WEST FLAGLER S	ST	
			Address	
		MIAMI, PL 33144		
			City/State and Zip Code	
		LICENSES114@GMAIL.	_	
D 61	.		(to be used for future annual report noti:	fication)
For lumner in	iormation co	oncerning this matter, please of	all;	
LUCIA ESTE	RELLA		305 226-8727 at ()	
	Name of	Person		Telephone Number
Enclosed is a	check for th	e following amount:		
10 \$2 5.00 Fi	ling 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)

Malling 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

ARTICLES OF AMENDMENT TO -ARTICLES OF ORGANIZATION OF

GRG CONSTRUCTION SERVICES, 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 08/22/2022 Florida document number L22000368579	and a	ssigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
GRG FLOORING SERVICES 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 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 nar agent and/or the new registered office address here: Name of New Registered Agent:	me of the no	ew register
THE OLIVEY AVERNINA VA. 1 PEYMI.		734 I
New Registered Office Address: Enter Florida street address		<u> </u>
	-	2 [
, Florida,	Zip Code	<u> </u>
New Registered Agent's Signature, if changing Registered Agent:	24 COM	်ယ္ ယ္
I hereby accept the appointment as registered agent and agree to act in this capacity. I further a	gree to con	olv with th

04/04/2023 - 05:38 (FAX) P.004/005

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
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If an effective d	late is listed, the dat	e must be specifi	c and cannot be p	rior to date of filir	g or more than 90	(optional) days after filing.) Pi	ursuant to 605.0207
Note: If the document's c	date inserted in th ffective date on t	is block does : he Department	not meet the app of State's reco	plicable statutor	y filing requirer	nents, this date wi	ll not be listed as
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