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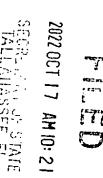
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Special Instructions to Filing Office	er:

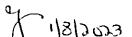
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## COVER LETTER

TG: Registration Se Division of Cor			
Gryboski Ir SUBJECT:	nvestments LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	John Gryboski — Muh	uge(	
		Name of Person	
	Gryboski Investments LLC		
		Firm/Company	
	310 Broad St Apt. 21		
		Address	
	Charleston, SC 29401		
	jgryboski18@gmail.com	City/State and Zip Code	
For further information c	E-mail address: ( oncerning this matter, please ca	to be used for future annual report not all:	ofication)
	-	at ()	
Name o	t Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
Mailing Addres Registration 5		<u>Street Address:</u> Registration Sc	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monro	Fallahassee De Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 OCT 17 AM 10: 21

SECRE LA LY DE STATE TALLAHASSEE, FL

GRYBOSKI INVESTMENTS 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 $\frac{08/25/2022}{}$ and assigned			
Florida document number L22000375021				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	519 56th St			
(Principal office address MUST BE A STREET ADDRESS)	Holmes Beach, FL 34217			
Enter new mailing address, if applicable:	519 56th St			
(Mailing address MAY BE A POST OFFICE BOX)	Holmes Beach, FL 34217			
agent and/or the new registered office address here:  Name of New Registered Agent:				
New Registered Office Address:				
•	Enter Florida street address			
	, FloridaZip Code			
N. D. J. and A. D. St. and J. St.				
New Registered Agent's Signature, if changing Registered Agent				
I hereby accept the appointment as registered agent and ago provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is			
If Cha	inging 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 **Type of Action** Title Address Name \_\_\_\_\_ Change \_\_\_\_\_\_ □ Add □ Change \_\_\_\_ □Add \_\_\_\_\_ □Remove \_\_\_\_\_ □ Change \_\_\_\_\_ □ Add \_\_\_\_\_ CRemove \_ \_ □Change \_\_\_\_\_ □Remove

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ffective date, if other than the an effective date is listed, the date must	date of filing:			(ор	tional)	
an effective date is listed, the date must <u>iote:</u> If the date inserted in this blo ocument's effective date on the De	ock does not me	et the applica	o date of filing or i ble statutory fili	more than 90 days af ng requirements, t	er filing.) Pursuant to his date will not be	605,0207 listed as
record specifies a delayed effective Lis filed.	date, but not a	n effective tir	ne, at 12:01 a.m.	on the earlier of:	(b) The 90th day (	after the
ated		2022				
	`					

Typed or printed name of signee