L22000426403

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SECRETARY OF STAFF

COVER LETTER

TO: Registration Se Division of Cor			
Gray Falco SUBJECT:			
3003ECT,		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Carlos Orellano		
		Name of Person	
	ZenBusiness INC		
		Firm/Company	
	336 E. College Ave Suite	301	
		Address	
	Tallahassee, FL 32301		
		City/State and Zip Code	
	fulfillment@zenbusiness.co E-mail address: (0	m o be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	all:	
Carlos C/O ZenBusines	s, Inc.	844 493-6249	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	ne 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 Addres	<u>is:</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Gray Falcon LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) i Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on 2022-10-03	and assigned
Torida document number 1.22000426403	_ ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	. <u>.</u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		28: [A]
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	follice address on our records, <u>enter the r</u>	> 10
		> ;
Name of New Registered Agent:		SSE 31
	,	
New Registered Office Address:	Enter Florida street address	<u> </u>
		무리 유
	, Florida	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 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
MGR	Syed Akber Ali Zaidi	11098 SW 107th St APT 214	🗆 Add
		Miami, FL 34249	■Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
		*****	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	·		□Add
			□Remove
			□Change

-		
		
		
	ne date of filing:	
f the record specifies a delayed effect ecord is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90t	th day after the
Dated	. 2023	
/s/ Muhammad	Annas Khan	
	Signature of a member or authorized representative of a member	
Muhammad Annas K	nan, Member	
-	Typed or printed name of signee	

Filing Fee: \$25.00