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COVER LETTER

TO: Registration Section

Division of Corporations

Tallahassee, FL 32314

CHANGE	OF ADDRESS					
SUBJECT: Name of Limited 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:				
	SAUL ROJAS					
	-	Name of Person				
	GR CUSTOM DESIGN. I	L.C				
		Firm/Company				
	371 ANSIN BLVD					
		Address				
	HALLANDALE BEACH,	FL 33009				
		City/State and Zip Code				
	GRCUSTOMDESIGN2023					
	E-mail address: (to be used for future annual report notif	fication)			
For further information c	oncerning this matter, please ca	all:				
SAUL ROJAS		786 934-9883				
Name o	f Person	at () Area Code Daytime	e Telephone Number			
Enclosed is a check for th	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 Registration S		Street Address: Registration Sec	etion			
Division of Corporations		Division of Corporations				
P.O. Box 632	1	The Centre of T	allahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

GR CUSTOM DESIGN, L.L.C	2025 (1711 - 3 - 4114) : 1
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.\(\) Liability Company\(\)
The Articles of Organization for this Limited Liability Company Horida document number <u>L23000052448</u> .	were filed on JANUARY 30, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	371 ANSIN BLVD
Principal office address MUST BE A STREET ADDRESS)	HALLANDALE, FL 33009
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	371 ANSIN BLVD HALLANDALE. FL 33009
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter the name of the new regi
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

OR CUSTOM DESIGN L.L.C.

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

Title	<u>Name</u>	Address	Type of Action
			□ Add
			☐Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Add
			□Remove
			∏Change

• •	3 ANGREWER MALL AND A FROM CHARLES AND A
	371 ANSIN BLVD, HALLANDALE BEACH FL 33009
	5/28/2025
	ective date, if other than the date of filing:
<u>Not</u>	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 605.0207 (3' e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ament's effective date on the Department of State's records.
If the record is	cord 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 filed.
	05/28/2025
Date	ed
	Signature of a member or authorized representative of a member
	SAUL ROJAS

Typed or printed name of signee