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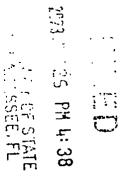
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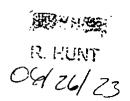
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## **COVER LETTER**

Division of Corporations	a er
SUBJECT: <u>GRan</u>	DMas Bost Racipas, LLC Name of Limited Liability Company
The enclosed Articles of Amendment	and fee(s) are submitted for filing.
Please return all correspondence conc	erning this matter to the following:
Mar	la Volcinetta Justinuil pierre Name of Person
Gra	in Domas Bust Recipus, LLC Firm/Company
80	Address
Was <sup>1</sup> Miss	City/State and Zip Code  City/State and Zip Code
For further information concerning this	1.1
Maria Volcinetta. Name of Person	Justinui Pierre at (561) 401 - 8806  Area Code Daytime Telephone Number
Encloyed is a check for the following a	mount:
	Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

**Registration Section** 

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number 123000 00297				
Profiga document number La JODO TO 021.1				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the new name must be distingui	ity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	804 DOGWOOD RD			
(Principal office address MUST BE A STREET ADDRESS)	West Parn Beach, FL			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
<del></del>	بمأ			
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new registered			
agent and/or the new registered office address here:	SSET P			
	E. S.			
Name of New Registered Agent:	FAIR 33			
New Registered Office Address:	141			
The stage of the s	Enter Florida street address			
	Florida			
	City Zip Code			
New Registered Agent's Signature, if changing Registered Agent:				
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as propering filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is			

If Changing Registered Agent, Signature of New Registered Agent

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lote: If the date in	sted, the date must serted in this blo	be specific and cannot be ck does not meet the spartment of State's re	applicable statu	filing or more than tory filing requir	(optior 90 days after fi ements, this c	ling.) Pursuant	to 605.0207 (. ee listed as tl
record specifies a d l is filed.	delayed effective	date, but not an effec	tive time, at 12:	:01 a.m. on the c	arlier of: (b)	The 90th day	y after the
ated <u>Mo</u>	4 17	<u>, 20</u>	<u> 23</u> .	$\Omega$			
_Ma	rie Wolc	Signature of a pyriber of	timvil r authorized repre	esentative of a mer	nber		<del></del>
_ Mo	arie Vo	Leinette J	ustinull	Perre signee			

E. ...

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records: MGR = Manager AMBR = Authorized Member **Title** Name Address Type of Action MCR Maria V Justinii 804 Dogwood RD DAdd

Wast palm Baach, Fr Premove □ Change MGR Marie volcinatte

MGR Justin vil pierre 804 Dogwood RD Add
West palm Buach, Fl Remo 33404 □ Change □Remove Change ☐ Change  $\square$ Add Remove □ Change  $\square$  Add

□ Change