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	istration Sect sion of Corpo		* \$\frac{\frac{1}{2}}{2}	# - 	ય	, , , , , , , , , , , , , , , , , , ,
\$ CHRIECT	Adding a new	Authorized Member to the o	company		4	
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return	all correspond	dence concerning this matter	to the following:		202	
		Angel Gracia			2023 MAR 6	
			Name of Person		o o	7 77
		Gringo Xmas LLC			PH 3	
			Firm/Company		23	_
		8511 Water Cay			,	
			Address			
		West Palm Beach, Fl. 3341	11			
			City/State and Zip Code			_
		angelgracia@me.com				
For further in	formation con	e-man address: (i	to be used for future annual	героп понис	ation)	
		cerning this matter, prease ea				
Angel Gracia			310 69 at ()	90691		
	Name of F	Person	Area Code	Daytime 1	Telephone Numbe	r
Enclosed is a	check for the	following amount:				
\$25,00 F	iling Fee	30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is end		Certific	ate of Status &
	ling Address: sistration Se	ction	<u>Street A</u> Registr	ddress: ation Secti	on	
	ision of Co			on of Corpo		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Nume of the Limited Liability Com	name at it now appears on any manufact
(A Florida Limite	pany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on $\frac{3-10-2023}{}$ and assigned
Florida document number L23000127246	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited list	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ibility 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)	N 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e 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 Zin 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
AMBR	Shane Walker	1440 Tallahassee Blvd. Intercession City, Ft, 33848	= Add
			□ Remove
			□Change
			Add Add Remove
			Remoye Remoye Change Add
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ective date, if other than effective date is listed, the date in thiument's effective date on the	must be specific and is block does not n	cannot be prior to da neet the applicable			23 nal) iling.) Pr	
ecord specifies a delayed effe is filed.	ective date, but not	an effective time,	at 12:01 a.m. on tl	ne earlier of: (b)	The 9	Oth day after the
		2023	1			
ated March 23	·	2023	·			

Filing Fee: \$25.00