L23000270374

·	(Requestor's Name)
	(Address)
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- .	(Business Entity Name)
	(Document Number)
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COVER LETTER

TO:	Registration S Division of Co		•	•
SUBJE	ест:Е	grace Project C	D. LLC ited Liability Company	·
The en	closed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		Dory	S (aS+i)\o Name of Person	
			Firm/Company	
		_ 1517 SW C	ycus Aue. Address	
		Port Saint	LUCIL FL 34953 City/State and Zip Code	
		+ransfer	Freations @ amai	cation)
For furt	her information of	concerning this matter, please co	all:	
	Dorys Name o	Castillo of Person	at (561) 890-7 Area Code Daytime	454 Telephone Number
Enclose	ed is a check for t	he following amount:		
⊠ \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address: Registration Sect	ion

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

GRACE PROJECT CO. LLC

(Name of the Limited Liability Company as it now appears on our record SCRE TARY OF STATE

(A Florida Limited Liability Company)

TALLAHASSEE The Articles of Organization for this Limited Liability Company were filed on 06/05/2023 Florida document number L23000270374 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TRANSFER KREATIONS LLC. The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

_, Florida _

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
			□ Add
			□Remove
			Change
			□ Add
			□Remove
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(If an eff	ive date, if other than the date of filing:
the recordisti	rd 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 led.
Dated	November 5th 2023. Dong Castillo Signature of a member or authorized representative of a member
	\bigcirc
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00