L24 000 038 286

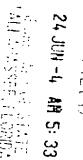
(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer	

Office Use Only



500430640595

06/04/21 -01010--013 *#25.00



COVER LETTER

TO:

	gistration So vision of Co			
SUBJECT:	Grant Grou	up Consulting, LLC		
SOBJECT.	`	Name of Lin	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Stephanie Grant		
			Name of Person	
		Grant Group Consulting, I	LLC	
		-	Firm/Company	
		5873 Senegal Drive		
			Address	<u> </u>
		Jupiter, FL 33458		
			City/State and Zip Code	·
		stephanie.e.grant@gmail.co	om	
For further i	nformation c	E-mail address; to oncerning this matter, please c	to be used for future annual report no all:	tification)
Stephanie G			858 752-7444	
	Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25,00)	Filing Fee	S30.00 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)
	iling Addres gistration S		<u>Street Address:</u> Registration Se	ection
Div	vision of C	orporations	Division of Co	
	D. Box 632		The Centre of	l'allahassee
Tai	llahassee, F	·L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grant Group Consulting, LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited I	Liability Company	were filed on January 19.	. 2024 and assigned
lorida document number L24000038286	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
La Buena Vida Travel, LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		5873 Senegal Drive	
Principal office address MUST BE A STRE		Jupiter, FL 33458	24 AU
			2 =
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5873 Senegal Drive	
		Jupiter, FL 33458	<u>.</u>
			조를 33 - 33
3. If amending the registered agent and/or agent and/or the new registered office addresses	registered office : ess here:	address on our records,	enter the name of the new regist
Name of New Registered Agent:	Stephanie Gran	it .	
New Registered Office Address:	5873 Senegal E	Drive	
		Enter Florida street	address
	Jupiter		, Florida
		City	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 Changing Registered Agent, Signature of New Registered Agent

to La Buena Vida Travel, l	LLC (new name). Thank you!	
		
 		
		
e: If the date inserted in this b	the date of filing:	c.) Pursuant to 605.02
ord specifies a delayed effecti filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	ne 90th day after th
nd May 28	2024	

Filing Fee: \$25.00