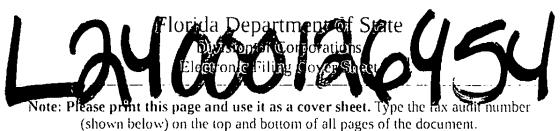
Division of Corporations



(((H24000108221 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 : (307)200-2803 Fax Number : (813)436-5206

苗紀: the email address for this business entity to be used for future a͡ᠬ͡ˈnual report mailings. Enter only one email address please.**

cEmail Address:

TLLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GRIS FRAGANCE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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MAR 2 2 2024

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gris Fragance LLC	•			
(<u>Name of the Limited Liability Comps</u> (A Florida Liinited)	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L24000126454	were filed on 03/13/24 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	llity company here:			
The new name must be distinguishable and contain the words "Limited Liabi	tity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	15340 sw 106th Ter Apto 802			
(Principal office address MUST BE A STREET ADDRESS)	Miami FL 33196			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15340 sw 106th Ter Apto 802 Miami FL 33196			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the rew registered			
Name of New Registered Agent:	20 P II			
New Registered Office Address:	Enter Florida street address $\Rightarrow \Rightarrow \omega$			
	- S			
	, Florida			

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.

3/21/2024 13 53:66 PDT . To: 18506176383 Page: 3/4 Fax: 8134365206

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>	Name	Address	Type of Action
AMBR	Elias, Grisel	15340 sw 106th Ter Apio 802	≝Add
		Miami FL 33196	□Remove
		·——-	□ Change
	NEW 1313-1-11		□Add
			□Remove
			□Change
			🗆 Add
			Remove
			TAdd
			□Remove
			[]Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			∭Change

3/21/2024 13:53:06 PDT . . To. 18506176383 Page: 4/4 Fax: 8134365206

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Tective date, if other than the an effective date is listed, the date mus ote: If the date inserted in this blocument's effective date on the D	ock does not meet the appl	icable statutory filii	(option note than 90 days after fit ng requirements, this d	al) ing.) Pursuant to 605.0207 ate will not be listed as
record specifies a delayed effectiv is filed.			on the earlier of: (b)	The 90th day after the
MARCH 21	, 2024	·		
/V 3/	1 GWM H			
, , ,				