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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Corpo	rations		
SUBJECT. THE PR	200FSS TO GR	EATNESS, LLC	
SUBJECT: THE TT	Name of Lim	ited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	NAJUA BI	UBTANA	
		Name of Person	
		Firm/Company	
	9820 SW 73	ord STREET	
		Address	
	MIAMI, FL,	33173	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information con	cerning this matter, please ca		,
	ν	_	- 0
NATIA BUBTY Name of P	TNA	at (786) 208-2 Area Code Daytim	78') c Telephone Number
Name of F	cison	Area Code Dayum	e Telephone Number
Enclosed is a check for the	following amount:		
✓ \$25.00 Filing Fee	•	C 655 00 EU F 6	□ 6 60 00 EU - E-
25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fec, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Se	ction	Registration Se	ction
Division of Cor		Division of Cor	porations
P.O. Box 6327		The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	TO GREATNESS, LLC
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on 5/17/2024 and assigned
Florida document number <u>L24000195635</u>	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
NAJLA B COACHIN	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	(ESS)
	1
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
	e de la companya de
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Gode
New Registered Agent's Signature, if changing Registered	d 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
			□Add
			Remove
			□Change
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			□Remove
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ective date, if other than effective date is listed, the date te: If the date inserted in thi nument's effective date on the	: must be specific an is block does not	nd cannot be prior to meet the applica			ing.) Pursuant to 605.02
cord specifies a delayed effe s filed.	ective date, but no	ot an effective tir	ne, at 12:01 a.m. or	the earlier of: (b)	The 90th day after th
GHADEN 17		, 2024	 -		
cd October 17	1/6/8	7			

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