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## **COVER LETTER**

		istration Sec sion of Corp			
1369 TA					
SUBJEC	UI:		Name of Lim	nited Liability Company	
The encl	losed	Articles of z	Amendment and fee(s) are sub	omitted for filing.	
			ndence concerning this matter		
			Arturo Giacosa, Manager		
				Name of Person	
			GREG Capital LLC		
				Firm/Company	
			600 Bilunore Way, PH109	)	
				Address	
			Coral Gables, FL 33134		
				City/State and Zip Code	
			arturo.giacosa@gmail.com		
			E-mail address: (	(to be used for future annual report notification)	
For furth	ner in	formation co	oncerning this matter, please co	all:	
Arturo Giacosa, Manager			г	786 863-1379	
Name of Person			Person	Area Code Daytime Telephone Number	
Enclosed	d is a	check for th	e following amount:		
<b>■ \$</b> 25.	.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing I Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy)	Status & y
Mailing Address: Registration Section			Street Address: Registration Section		
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			orporations	Division of Corporations	
				The Centre of Tallahassee	
			'L. 52314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

If amending name, enter the new name of the limited liability company here:  In new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS  Inter new mailing address, if applicable:  Address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Finer Florida street address  Florida	1369 TALLY LLC		
nis amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  It amending name, enter the new name of the limited liability company here:  It amending name, enter the new name of the limited liability company here:  It amending name, enter the new name of the limited liability company here:  It amending name, enter the new name of the limited liability company here:  It amending name, enter the new name of the limited liability company here:  It amending offices address, if applicable:  It amending office address MUST BE A STREET ADDRESS]  It amending the registered agent and/or registered office address on our records, enter the name of the new register and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:    Finer Florida street address   Finer Florida	(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
nis amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  In meaning must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Audiling address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registert and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida		were filed on July 15, 2024	and assigned
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, Florida	New Registered Office Address:	Enter Florida Streat address	
		LINGE FARING SIEGE GRUPESS	
Cuy Zip Code			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

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
MGR	Arturo Giacosa	600 Biltmore Way, PH109	■Add
		Coral Gables, FL 33134	□Remove
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
	<del></del>		
			□Remove
			Change
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			□Add
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated \_ 2024 gauthorized representative of a member Arturo Giacosa, Manager

Typed or printed name of signee