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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: GRANDINE CORP DOCUMENT NUMBER: P06000113831 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALEX ORTIZ, CPA Name of Contact Person E ALEX ORTIZ, CPA, PA Firm/ Company 2727 PONCE DE LEON BLVD Address CORAL GABLES, FL 33!34 City/ State and Zip Code ALEX@ALEXORTIZCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALEX ORTIZ, CPA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State; **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as	currently filed with the Florida Dept. of State)	
P0600011383:		
(Document N	Sumber of Corporation (if known)	······
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the foll	owing amendment(s)
A. If amending name, enter the new name of the corporation	ation:	2023
name must he distinguishable and contain the word "corpora" "Inc.," or Co.," or the designation "Corp." "Inc.," or "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must co	viation "Corp."
B. Enter new principal office address, if applicable:		SSE. 量
(Principal office address MUST BE A STREET ADDRESS	<u>S</u>)	<u> </u>
	· · · · · · · · · · · · · · · · · · ·	- 75 - 75
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		
•	iluaress.	
Name of New Registered Agent		****
		_
(F)	lorida street address)	
New Registered Office Address:	, Florida	
	(City)	ZIp Code)
N . B. C		
New Registered Agent's Signature, if changing Registered in hereby accept the appointment as registered agent. I am for	<u>d Ayent:</u> amiliar with and accept the obligations of the positi	'on
,	, , , , , , , , , , , , , , , , , , , ,	•
Signature o	of New Registered Agent, if changing	
Check if applicable		
The amendment(s) is/are being filed pursuant to s. 607.01:	20 (11) (e), F.S.	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	PT	John Dog	
∑ Remove	<u>V</u>	Mike Jones	
⊥X Add	<u>sv</u>	Sally Smith	•
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	LAMBRE, MIGUEL A	785 CRANDON BLVD., #201
X Add			KEY BISCAYNE, FL 3314
Remove			A
2) Change			
Add			
Remove 3) Change	•		
Add			
Remove			
4) Change	-		
Add			
Remove			
S) Change			
Add			
Remove			
ර) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
N/A		
		
	2023 HAY	enge
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Managed and analysis of the second and the second a		
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:		
(if not applicable, indicate N/A)		
VA.		
	_ 	
·		
	,	

The date of each amendment(s) adoption: date this document was signed.		, if other than th
Effective date if applicable:		
•	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of \$	meet the applicable statutory filing requirements, this date will tate's records.	not be listed as th
Adoption of Amendment(s) (CHE	CK ONE)	
The amendment(s) was/were adopted by the in- action was not required.	corporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for app	areholders. The number of votes cast for the amendment(s) proval.	F L 2023 HAY 24
The amendment(s) was/were approved by the s must be separately provided for each voting gr	hareholders through voting groups. The following statements outp entitled to vote separately on the amendment(s):	12 VA 24
"The number of votes cast for the amend	meni(s) was/were sufficient for approval	R M
by		و و
(voting	g group)	12
5/24/2023 Dated		
Signature X		
(By a director, preside selected, by an incorp appointed fiduciary by	nt or other officer - if directors or officers have not been orator - if in the hands of a receiver, trustee, or other court y that fiduciary)	_
GUSTAVO G	AMBINO	
(Ту	ped or printed name of person signing)	
PRESIDENT		
(Tit	le of person signing)	