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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Grand BUSINESS Solutions

DOCUMENT NUMBER: 23000047442 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sylvia Cracholl
Name of Contact Person

Spand Business Solutions

Firm/Company

1704 Baron ct

Address For further information concerning this matter, please call: Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & 2 \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation



	of		
Grand Backness	501048		2023 SEP 12 PM,
(Name of Corpor	ation as currently	filed with the Florida D	ept_of State) '11 4:21
D738000 W7447			TATE MEY OF STATE
1 23000 E7 (Do	cument Number of (Corporation (if known)	THE SEE, FILE
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rsuant to the provisions of section 607,1006, Flo Articles of Incorporation:	rida Statutes, this Fi	lorida Profit Corporation	adopts the following amendmen
If amending name, enter the new name of th	e corporation:		
me must be distinguishable and contain the word			The new
ne man be distinguishable to make to a comparation. "Corp." "Lartered." "professional association," or the ab	pbreviation "P.A."	,,	
Enter new principal office address, if applica	ible:		
rincipal office uddress MUST BE A STREET A	IDDKESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)		
			<u> </u>
If amending the registered agent and/or regi	istored office addro	ess in Florida, enter the	name of the
new registered agent and/or the new register	red office address:	33 112 1 122 1 2 2 2 2 2 2 2 2 2 2 2 2 2	
· · · · · · · · · · · · · · · · · · ·		Craddoll	
Name of New Registered Agent	SYCULA	C PACIOCES	
<u>_l'/0</u>	4 BARD	v ct	
\cap	(Florida stree	et address)	7/28
New Registered Office Address: Oc	of OOAn	$(C_1)^{\pm}(3)$, Florida
	٠,٠	City	(Zip Code)
ew Registered Agent's Signature, if changing	Registered Agent:		
ew Registered Agent's Signature, if changing	Registered Agent:		

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 = ChiefExecutive 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.

X Change	<u>PT John I</u>	<u>)oe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones .	
<u>X</u> Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	0	Bosont Craduck	1704 BAron Ct
Add		,	Pont Orange 1= (3 2128
Remove	D	Sun 11 11	
2) Change		Sylvia Candous	1704 BAron Ct Port Orange, F132128
Add		1 1 1	101-1 01-10ge 1-1 3 21 Cg
Remove 3) Change	KA_	Sylvia Craddode	120118000 54
X Add			Port Orange EC 32128
Remove			Volt Olaraje 1 5 cies
4) Change Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional	dding additional Articles, sheets, if necessary). (B)	e specific)				
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If an amendmen	nt provides for an exchang	ge, reclassificati	on, <u>or cancell</u>	ation of issu	ed shares,	
provisions for i	implementing the amendr	nent if not conta	ained in the a	<u>mendment i</u>	tself:	
(if not appli	icable, indicate N/A)					
						.
			_		<u> </u>	
						

The date of each amendment(s) ad	ption:, if other than the
late this document was signed.	
Effective date if applicable:	9-11-2023
effective date if applicable.	(no more than 90 days after amendment file date)
Note: If the date inserted in this blocument's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will not be listed as thartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were ado action was not required.	ted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	ted by the shareholders. The number of votes east for the amendment(s) ficient for approval.
☐ The amendment(s) was/were app must be separately provided for	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
	Crodolk "
	(voting group)
Dated	Luna Cra Slacek
Signature	home Condacide
(By a di selected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	Prosider
	(Title of person signing)