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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC

Account Number : 120240000004 Phone : (775)329-7721 Fax Number : (775)376-9207

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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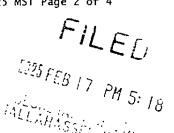
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SOLUTION GUIDE	· · · · · · · · · · · · · · · · · · ·
(Name of the Limited Liability Compa (A Florida Limited U	ny as it now appears on our records.) $C(A, Q_{M_{H_{2}}})$. Lability Company)
The Articles of Organization for this Limited Liability Company	were filed on 01/31/25 and assigned
Florida document number <u>L25000056070</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
SOLUTIONS GUIDE	D BY GRACE, LLC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

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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 = A $AMBR = A$	Nanager Authorized Member	2025 FEB 17 PM F	
Title	Name	Address MELAHASSE Friedly	Type of Action
			Add
			Remove
			☐ Change
			D Add
			□ Remove
			Chunge
			□ Remove
			Change
			□ Add
			Remove
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		 	🗀 Add
			□ Remove
			Change
			☐ Remove
			☐ Change

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