

L2 000240896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

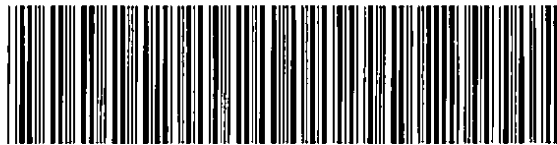
(Business Entity Name)

(Document Number)

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11/17/23--01011--007 **25.00

2023 NOV 17 PM 5:34

of 12/1/2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

Grandma Lou's Place, LLC.

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Galletta, Jr.

Name of Person

Law Office of John Galletta, P.L.

Firm/Company

1095 Anastasia Boulevard

Address

St. Augustine, Florida 32080

City/State and Zip Code

wimado10@yahoo.com or the one currently on file with Sunbiz.

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Galletta, Jr.

904 461-6644

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

2023 JUN 17 PM 5:34

GRANDMA LOU'S PLACE, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 10, 2020 and assigned Florida document number ~~L2000040896~~ L20000240896.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MADELINE WISE	2312 Red Oak Drive	<input type="checkbox"/> Add
		Jacksonville, Florida 32211	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	GIL L. WISE	8 LOVETT ST.	<input type="checkbox"/> Add
		ST. AUGUSTINE, FLORIDA 32084	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	RICHARD D. JACKSON	2312 RED OAK DRIVE	<input type="checkbox"/> Add
		JACKSONVILLE, FLORIDA 32211	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DERICKA L. EUBANKS	8 LOVETT STREET	<input type="checkbox"/> Add
		ST. AUGUSTINE, FLORIDA 32084	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GREGORY T. BRABT	8104 WEBB ROAD, #3303	<input type="checkbox"/> Add
		ATLANTA GEORGIA 30274	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The Articles of Organization are being amended because they were filed incorrectly.

There were only two Members of the LLC at the time of the filing of the Articles of

Organization. They were Madeline Wise and Gil L. Wise. As of today's date they are still the only

two Members or Authorized Members of the LLC.

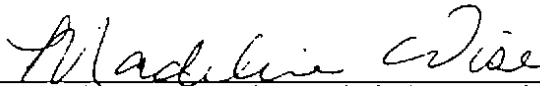
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 October 4 2023



Signature of a member or authorized representative of a member

MADELINE WISE

Typed or printed name of signee