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Office Use Only



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SECRETARY OF STATE
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COVER LETTER

TO:

Registration Section Division of Corporations

Amazing Grace Construction LLC

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:

Patrick M Perreault		
Name of Person		
Firm/Company		
107 Redwood Rd		
Address		
Ocala, Fl 34472		
City/State and Zip Code		
perreault_patrick1965@vahoo.com		

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

For further information concerning this matter, please call:

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/COURIER ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO

FILED

ARTICLES OF ORGANIZATION 2013 JAN 10 PM 2: 40

SECRETARY OF STATESTALL AHASSEE, FLORIDA

Amazing Grace Construction 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 Septe	mber 28, 2012 and assigned
Florida document number L12000124114	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company,"	' the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	r	ri
	Enter 1	Florida street address
	City	, 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Denise B Mohler	107 Redwood Road	Add
		Ocala, FI 34472	Remove
		· · · · · · · · · · · · · · · · · · ·	
			Add
			Remove
			Add
			Remove
			Remove
			Add
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Remove
			Komove
			Add
			Remove

mending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	,
	Palms M. Research
	Signature of a member or authorized representative of a member
	PATRICK M. PERREAULT
	Typed or printed name of signee

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Filing Fee: \$25.00

FILED IN 2 40 STATE SECRETARY OF STATE