W1000018514

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



000156555660

06/03/09--01024--018 **25.00

SECRETARY OF STATE

T. CLINE
JUN - 4 2009
EXAMINER

COVER LETTER

Division of Cor	porations					
SUBJECT: GRACE	INVESTMENT AD	VISORY GROUP, LLC		Ø		
(Name of Limited Liability Company)						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	DALE S. DEMPSTER					
		(Name of Person)				
A BETTER BUSINESS & TAX SERVICE						
		(Firm/Company)				
	600 GOODLETTE RD, N	J STF 104				
600 GOODLETTE RD, N, STE 104 (Address) NABLES EL 34103						
	NAPLES, FL 34102	· · · · · · · · · · · · · · · · · · ·		5 - S		
		(City/State and Zip Code)		111	Ti.	
		-11. * **		EFS P	,	
For further information co	oncerning this matter, please c	aii:		SE T	4.	
DALE S. DEMPSTER		at (239) 263-0829		TOTAL TOTAL STATE OF		
(Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check for th	ne following amount:					
	_	Dess on Piling Fac 8	□\$60.00 Filin	og Fae		
☑ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	Certificate	of Status &		
		(additional copy is enclosed)	Certified (Copy I copy is enclosed))	
			tadditiona	. Jopy 15 enviosed)	•	
					•	

MAILING ADDRESS:

TO:

Registration Section

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 ARTICLES OF ORGANIZATION **OF**

GRACE INVESTMENT ADVISORY GROUP, LLC

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

(A Florida Limited L	Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on JULY 30, 2007	and assigned	
Florida document number L07000078514			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	vility company here:	2009 SEI	
GRACE ACCOUNTANCY GROUP, LLC			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designatio	on "ILC" or Exabbreviation SS	
Enter new principal offices address, if applicable:	600 GOODLETTE RD., N, STE 1		
(Principal office address MUST BE A STREET ADDRESS)	NAPLES, FL 34102		
		RIDE N	
		>	
Enter new mailing address, if applicable:	SAME		
(Mailing address MAY BE A POST OFFICE BOX)			
	1480		
D 70 11 11 11 11 11 11 11 11 11 11 11 11 11	Car adduses on our records ont	on the name of the new	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the new	
	_		
Name of New Registered Agent:			
New Payintered Office Address			
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 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.

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action Address** Title <u>Name</u> Add Remove ☐ Add Remove Add Remove ┌ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated JU₩£15 2009 Signature of a member or authorized representative of a member DALE S. DEMPSTER Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00