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SECRETARY OF STATE
SECRETARY OF STATE

K.SALY EXAMINER OCT -8 2013

COVER LETTER

TO: Registration Section Division of Corporations Grace Roads Wellness 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: Bruce Eakin Name of Person **Grace Roads Wellness** Firm/Company 6301 Greengrove Court Address Orlando FL 32819 City/State and Zip Code beakin@cfl.rr.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Susan Drazen Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

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

STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13 por	D
13 0CT -7 PA	1 2:44
PALLAHASSEE, FL	STATE ORIDA

Grace Roads Wellness LLC

company has been notified in writing of this change.

(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 Comp	pany were filed on 05/07/13	and assigned
Florida document number L10000053623		
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 end with the words "L.L.C."	Limited Liability Company," the	lesignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>s)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
maning wareds military but it objects the bong	<u> </u>	
		
B. If amending the registered agent and/or registere		ords, enter the name of the new
registered agent and/or the new registered office address	<u>s here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	da street address
		. Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and		
the provisions of all statutes relative to the proper and caccept the obligations of my position as registered agen		
being filed to merely reflect a change in the registered of		

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	Address	Type of Action
MGRM	Susan Drazen	6301 Greengrove Court	Add
		Orlando FL 32819	Remove
			_
			Remove
			Add
			Remove
			Remove
			Add
			Add _ Remove
			Add
			Remove

·		
September 26	2013	
	,,	
Signature	of a member or authorized representati	ve of a member
Bruce Eakin		

Page 3 of 3

Filing Fee: \$25.00