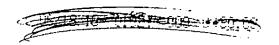
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N COOPER JUN 1 9 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sub
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
, reaso retain an estresiponaetre concerning and matter to the tone ang.
Dan Smith Name of Person
Grace Chana LLC
1551 SE 5150 ST
Galvies Ville FL 32641 City/State and Zip Code
en powreaol.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: An Sm; H at (352) 3 16 - 6696 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grace Chai	na LLC
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Complete Florida document number	pany were filed on 01-06-2011 and assigned
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 ADDRES	S)
	-
Enter new mailing address, if applicable:	の April April
(Mailing address MAY BE A POST OFFICE BOX)	a :-
[Maning quaress MAT BE A FOST OFFICE BOX]	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, <u>enter the name of the new</u> s 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's	gent:

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

	thorized Member		
<u>Title</u>	Name	Address	Type of Action
HMBR	Shana L. Smith	1561 SE 5181 Se	Add
		Address 1561 SE 51st Se Gaines Ville, Fl 32641	□ Remove
			Change
			D Add
			□ Remove
			Change
			O Add
			□ Remove
			_ Change
			Add
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			_□ Remove
			_ Change

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ective date, if other than the date of filling: $6-25-18$	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or more: If the date inserted in this block does not meet the applicable statutory filing	than 90 days after filing.) Pursuant to 605.02
ument's effective date on the Department of State's records.	requirements, this date with not be fisted
record specifies a delayed effective date, but not an effective ting he 90th day after the record is filed.	ne, at 12:01 a.m. on the earlier
/	
ed 6-13-18	
ed 6-13-18	

Page 3 of 3

Filing Fee: \$25.00