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RESIDN OF CORPUBATION

APR 17 2015 J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: GRACE ESTATE BYERS LC  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:
PAUL BARRATTINI Name of Person
GRACE ESTATE BUTEIZ
Z811 CAPITAL CIRCLE N.E.
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) 567 7285  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  \$55.00 Filing Fee & Certificate of Status  Certified Copy (additional copy is enclosed)  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 ARTICLES OF ORGANIZATION OF

GRACE E	STATE	13x	ERS L	LC	_	
(Name of the Limited	Liability Company Florida Limited Lia	y as it now appears o ability Company)	n our records.)			
The Articles of Organization for this Limited Lial	oility Company w		124/1	<u>(</u> and	d assign	ed
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liabil	ity company here	:			
The new name must be distinguishable and end with the we	ords "Limited Liabil	ity Company," the des	signation "LLC" or th	e abbreviati		
Enter new principal offices address, if applical	ble:				- 55 - 27:	
(Principal office address MUST BE A STREET	ADDRESS)				20	
				12/11	<del></del>	
Enter new mailing address, if applicable:				and the second	(i)	
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			<u>्</u>		
B. If amending the registered agent and/o registered agent and/or the new registered offi			our records, ento	er the na	me of	the new
Name of New Registered Agent:	PAUL	BAR	Arrini			
New Registered Office Address:	<u> 7841</u>	Enter Florida	street address	<u> </u>	NE	
	1 pecan	City	, Florida _	3 <sup>2</sup>	230 Tode	<u>8</u> _

#### 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Ma AMBR = Au	inager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MATTHEW BARA	TRINI ZBII CAPITALEI	<u></u> □ Add
	•	1 ALL MURSSEE FL 32308	<b>B</b> Remove
MOR	PAUL BAIRATT	INI ZBII CAPITAL CL	N.E. Add
		MULAHASSER FL 3230	Remove
Ì			<u></u>
*******			Add
			Remove
			Addo O
			Remove
			_
			Add
			Remove
			□ Add
			Remove ·
		•	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
THIS FIRST DAT OF APIZE ZOIS	
MATTHEW BARATTINI SHALL TRANSFER	
AU INTEREST IN GRACE ESTATE BYERS UNC	_
TO PAUL BARATTINE FOR CONSIDERATION	ン
OF \$100°	
E. Effective date, if other than the date of filing: 4 17 / 5 (optional)  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)	
Dated 4/17/15	
Signature of a member or authorized representative of a member	
1 AU BARATTING MATTHEW BARATTING	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

15 APR 17 PH 2:57