

C12000120750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

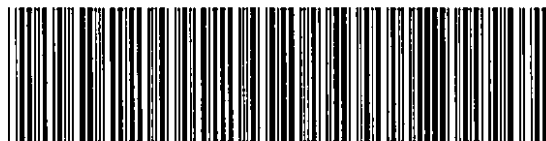
(Document Number)

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AUG 14 2018

S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 21, 2018

AMY BROOKS  
1160 CELEBRATION CT  
ST JOHNS, FL 32259 US

SUBJECT: SOUTHERN GRACE EVENTS AND GATHERINGS LLC  
Ref. Number: L12000120750

We have received your document for SOUTHERN GRACE EVENTS AND GATHERINGS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a GENERAL PARTNERSHIP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 218A00012982

2018 JUN 13 PM 12:13

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Southern Grace Events and Gatherings LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

~~Gracy~~ Amy Brooks  
Name of Person

Southern Grace Events and Gatherings LLC  
Firm/Company

1160 Celebration Ct.  
Address

St. Johns, FL 32259  
City/State and Zip Code

Amy@Sograceevents.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Brooks at 904 339 4129  
Name of Person Area Code Daytime Telephone Number

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)

→ previously sent and the  
check has cleared my bank.

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

Southern Grace Events & Gatherings

(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 9/20/2012 and assigned  
Florida document number L12000120750.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~Southern Grace Events & Gatherings~~ Southern Grace Events LLC

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 ADDRESS)

1160 Celebration Ct.

St. Johns, FL 32259

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new  
registered agent and/or the new registered office address here:

Name of New Registered Agent:

Amy Brooks

New Registered Office Address:

1160 Celebration Ct.

Enter Florida street address

St. Johns

City

Florida

32259

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 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.

Amy Brooks

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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<del>Owner</del> MGR	Amy Brooks	1160 Celebration Ct.	<input checked="" type="checkbox"/> Add
		St. Johns FL 32259	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Stacy Frazier	808 Golf Manor Ct.	<input type="checkbox"/> Add
		St. Johns, FL 32259	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated \_\_\_\_\_,

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**

- \* Check previously sent and has cleared