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(Re	questor's Name)	
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DIVISION OF CORPORATIONS

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COVER LETTER

ГО:	Registration of	on Section f Corporations	
SUBJE	Grace2	2Ace, LLC	
OUDJE	C1:	Name of Limited Liability Company	
The enc	losed Article	es of Amendment and fee(s) are submitted for filing.	
lease r	eturn all cort	respondence concerning this matter to the following:	
		Keith Holloway	
		Name of Person	
		Firm/Company	
		1345 Monterey Blvd, NE	
		Address	
		Saint Petersburg, FL 33704	
		City/State and Zip Code keith.holloway@ymail.com	
		E-mail address: (to be used for future annual report notification)	
For furti	her informat	tion concerning this matter, please call:	
Keith H	olloway	727 480-9959 at ()	
	Ne	ame of Person Area Code Daytime Telephone Number	
Enclose	d is a check	for the following amount:	
\$25	.00 Filing Fe	ee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing I Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy (additional copy seed)	Status & Y

MAILING ADDRESS:

TO:

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

Grace2Ace, LLC				
(<u>Name of the Limite</u>	d Liability Company : A Florida Limited Liab	as it now appears on or	ur records.)	
The Articles of Organization for this Limited Lia Florida document number	ability Company we	ere filed on1	100/13	and assigned
A. If amending name, <u>enter the new name or</u>	the mined naisin	v company nere.		
The new name must be distinguishable and contain the wo	ords "Limited Liability	Company," the designat	ion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applica	ıble:			27
(Principal office address MUST BE A STREET	[ADDRESS)		· ·	io Lucia
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	- or registered offic	e address on our	records, enter t	be name of the new
registered agent and/or the new registered off	ice address here:			
Name of New Registered Agent:	Keith Holloway			<u> </u>
New Registered Office Address:	Same			
		Enter Florida str	eet address	
			Florida	
		City		Zip Code
New Registered Agent's Signature, if changing R	_			
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this content.	r and complete pe tered agent as pro egistered office ad	rformance of my di vided for in Chapte	uties, and I am fa er 605, F.S. Or, ij	miliar with and f this document is

Page 1 of 3

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>	Type of Action
MGR	Keith Holloway	1345 Monterey Blvd, NE	
		Saint Petersburg, FL 33704	Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove T
			Remove T Charge PA 2: Of the PA
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	JUL 19 PH 2: Oh OF CORRESPONDENCE	
	PH Diciric	
	0 iii ii	
	<u> </u>	
(If an et <u>Note:</u>	tive date, if other than the date of filing:	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.	f:
Dated	July 17, 2017	
	Signature of a member contatholized representative of a member	
	Susan Holloway	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00