

(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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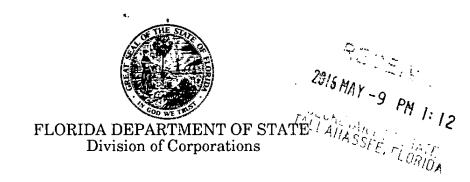
Office Use Only



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TO NAY -9 PH 12: 18
SECRETARY OF STATE
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April 27, 2016

GRACE SERVICE CENTER, LLC PO BOX 934742 MARGATE, FL 33093

SUBJECT: GRACE SERVICE CENTER, LLC

Ref. Number: L14000001606

We have received your document for GRACE SERVICE CENTER, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Section 607.0120(4), 617.01201, or 605.0206, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

Please return 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.

Dionne M Scott Regulatory Specialist II

Letter Number: 316A00008661

SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co	Section Orporations			·
	a surice Con	ter, CLC.		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Beauvous Grace Doby 93 Mayate E-mail address:	Name or Person IMPAK Firm/Company Address FL 33093 City/State and Zip Code (to be used for future annual report notification)	Tication)	FILED- 10 MAY -9 PM 12: 18 SECRETARY OF STATE TALLAHASSSEE, FLORIDA
For further information of	concerning this matter, please c	•		
Beauvais Name o	Y/// S of Person	at (95 V) 592 9 Area Code Daytime	7670 Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
		•		

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 Scrlle Con	ter (Cc.	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records,) Liability Company)	 -
•		•
The Articles of Organization for this Limited Liability Company	were filed on $1-6-2014$	and assigned
Florida document number <u>L 14000001606</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
GRACE IMPAK LLC.		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:	by Gazette Way	
(Principal office address MUST BE A STREET ADDRESS)	W. Palm Bch	FL334/3
Enter new mailing address, if applicable:	DOBOX 9347	425
(Mailing address MAY BE A POST OFFICE BOX)	managle EL	22092
	11/11/10	
		9 m
B. If amending the registered agent and/or registered of	ffice address on our records, enter	the name of the new
registered agent and/or the new registered office address her	<u>e</u> :	등 등 ·
///-	1 .	§
Name of New Registered Agent:	n Angene	· _ _ _
New Registered Office Address:	NW 31 8 free f	
Marga	te, Florida	33093
18	City	- гр Соае
New Registered Agent's Signature, if changing Registered Agent:	•	

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

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

MGR = Manager AMBR = Authorized Member Type of Action <u>Title</u> <u>Address</u> ☐ Change □ Add Remove □**M**dd 🗇 **□**Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

, ,	
D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Durpose to Educate toain, Consulting of mentoring firm.
	The purpose forthe organization is organized is
	Any and All Cawful Business That include
BOOK	Publishing. E-Commerce offer higher religious materials
WUF	& Educational Products deorels and much more.
ain	publishing, E-Commerce. offer higher religious materials a Educational Products, deprets and much more. — to lift up and profits our Communities & Nations.
יוויף	and the property of the proper
	SECI SECI
	—————————————————————————————————————
(If an e Note :	tive date, if other than the date of filing:
If the re (b) The	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.
Dated	4/22/2016
	was family
	Signature of a member or authorized representative of a member
	BEAUVAIS YVOS Y.
•	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00