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COVER LETTER

TO:	Registration Se Division of Cor		·	
	GRACEWA	ATER DEVELOPMENT, LLC		
SUBJ	ECT:	Name of Lin	nited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		ELDON E JOHNSON JR		
			Name of Person	
		GRACEWATER CAPITA	LILC COPACENA	TOP-Dev.
			Firm/Company	
		7016 ISLAND QUEEN C	T., STE 201	
			Address	
		SARASOTA, FL34233		
		ELDONERIC@GMAIL.CO	City/State and Zip Code OM	
		E-mail address: (to be used for future annual report notif	ication)
For fin	rther information c	oncerning this matter, please ca	all:	
ELDO	DN E JOHNSON JI	R	941 315-3809 at () Area Code Davtime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$ 2	5.00 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)

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

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number	wwere filed on	and assigned
This amendment is submitted to amend the following:		TIL 24 P
A. If amending name, enter the new name of the limited lial	bility company here:	20 2
GRACEWATER CAPITAL, LLC		To Find
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	C" or the abbreviation "E.L.C.
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7016 ISLAM Stc. 201 SARAGOTA, 1	ID QUEEN (t.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ces
	C	lorida
	City	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.

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
			Change
			□ Remove
			Change
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ffective date, if other than t an effective date is listed, the date r lote: If the date inserted in this ocument's effective date on the	ust be specific : block does no	and cannot be prior of meet the applica	to date of filling or able statutory fil	more than 90 days	ptional) after filing.) Pu this date wil	rsuunt to 605,0207 i not be listed as
e record specifies a delay The 90th day after the re	ed effective ecord is file	e date, but not d.	an effective	e time, at 12:0	01 a.m. on	the earlier of
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Filing Fee: \$25.00