L15000072286

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600278514706

10/28/15--01011--024



OCT 20 MIS RIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Business Solutions, LLC 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:
Danette Y. Wall Name of Person
Grace Business Solutions, LLC
10133 Queens Park DRIVE
Tampa, F1 33647 City/State and Zip Code
Cy Wall @ grace businesssolutions. Con E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Dane + k Y. Wall at (813) 856-9471 oc (551) 208.7858 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\bigcup \text{\$30.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigcup \$60.00 Filin

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 Bu	151ness	Solution	s. LLC		
(Name of the Limited	d Liability Compa A Florida Limited l	iny as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited Lia Florida document number	12286, wing:	,	<i>23 2</i> 015	and assign	ned
A. If amending hame, enter the new hame of	the himted had	inty company nere.			
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the design	nation "LLC" or the a	bbreviation "L.L.C	1 77
Enter new principal offices address, if applica (Principal office address MUST BE A STREET		19452 Pa Tampa,	iddock V F1 3364	lew Dei	Ve
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>80X)</u>	19452 Pa Tompa,	oddock 7L 336	View DR 47	lve —
B. If amending the registered agent and/o registered agent and/or the new registered offi Name of New Registered Agent: New Registered Office Address:		e: Paddoci	(View E	the name of	the new
	Tomp	Enter Florida : OA City	, Florida _	<u>33 6 4'</u> Zip Code	7_
New Registered Agent's Signature, if changing Real I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of the company has been notified in writing of this company has been notified in writing of the company has been notified in writing of this company has been notified in writing of the company has been notified in writing the company has been notified in writing the co	l agent and agr r and complete tered agent as p egistered office hange.	ree to act in this cap performance of my provided for in Chap	duties, and I am pter 605, F.S. Or onfirm that the li	familiar with a city if this docume mited liability	and
	Page	1 of 3		100 T 100	-1:46 1:5

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> Name **Address Type of Action** DeMaurice L. Scott 301 Little Gemcourt __ Add

Mc Donaigh, BA 30253 X Remove MGR

	Change
	 Add
	Remove
	Remove
	 Add
	Character (Fig. 1)
	 Change 2 7 .
	Remove
	Change
	Remove
	Change

If amending any other information, enter change(s) here: (Attach additional sheets, if neces	,	
	 	
	 	
	<u> </u>	
	<u>.</u>	
		
		
	<u> </u>	
	.	
Effective date, if other than the date of filing: 0403005 6000 (option of the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	filing.) Pursuant to 605.02)201 I as
he record specifies a delayed effective date, but not an effective time, at 12:01 a The 90th day after the record is filed.	.m. on the earlier	r o
Des 10/19/15 2015		
Dated $\frac{10/9/5}{10/11}$, $\frac{20/5}{10/11}$.	2015 S::C	
<u> </u>		c
		ia Si
/ Signature of a member or authorized representative of a member	SS SS	
		C F
Danete V. Wall Typed or printed name of signee	28 PM 1: RY ON ST SSEE FLOW	\$ \$

Page 3 of 3

Filing Fee: \$25.00