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COVER LETTER

	ion of Corporations
SUBJECT: _	Crace Love associates LLC Name of Limited Liability Company
The enclosed	Articles of Amendment and fee(s) are submitted for filing.
Please return a	ll correspondence concerning this matter to the following:
	Gracie Pinentel
	Brace Talent Search Broup LLC
	14729 NW 88 place
	MIAMI LUKES, FJ 33018 City/State and Zip Code Gracie O graciel, net
	gracie o graciel, net
For further inf	E-mail address: (to be used for future annual report notification) ormation concerning this matter, please call:
_	
<u>Or</u>	Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:
\$25.00 Fil	ing Fee \$\Bigcup \$30.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}\$ \$\Bigcup \$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\$ \$\Bigcup \$60.00 \text{ Filing Fee, 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

Grace Low	e associates LLI	\mathcal{C}
(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 Florida document number	were filed on 10 3 16	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile Crace Talent Searce The new name must be distinguishable and contain the words "Limited Liabile Contain the words "Liabile Contain the Words" "Limited Liabile Contain the Words" "Liabile Con	in Broup LLC	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	14729 NW 88 Pl MIAMI LAKES, 17	acl 33018
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>ente</u> e:	# 열 내
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	OF CORPORATIONS
	, Florida	Zip Code
	· V	

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			□ Remove
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(If an effective <u>Note:</u> If the	late, if other that e date is listed, the de e date inserted in effective date on	ate must be specifi this block does	ic and canno not meet th	c applicable	ate of filing or statutory fil	more than 90 ding requireme	_ (optional) ays after filing.) nts, this date v	Pursuant to 605.	0207 (3)(I d as the
the record) The 90t	specifies a de h day after th	layed effecti e record is fi	ve date, led.	but not a	n effective	time, at 1	2:01 a.m. o	on the earlie	r of :
Dated	10/	10 Signature	Sha of a membe	0/6 u Ke	well at representative	ve of a member			
		_	raci	e PII	Men ame of signee	tel			

Page 3 of 3

Filing Fee: \$25.00