

47000247211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2017 DEC 13 PM 3:54
TALLAHASSEE, FLORIDA

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2017 DEC 13 PM 3:32
TALLAHASSEE, FLORIDA

D. SCOTT
DEC 14 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRACE INSURANCE, 2 LLLC

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:

MARELYN C MEDINA

Name of Person

Firm/Company

1275 W 47 PL SUITE 447

Address

HIALEAH, FL 33012

City/State and Zip Code

MMGRACEINS.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARELYN C MEDINA

305

909-9024

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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

TALLAHASSEE, FLORIDA

2017 DEC 13 PM 3:32

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GRACE INSUNCE 2 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12-02-2017 and assigned
Florida document number L17000247211.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MARELYN C. Carlos

New Registered Office Address:

1275 W 47 PL SUITE 447

Enter Florida street address

HIALEAH

City

Florida 33012

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARELYN C MEDINA	1275 W 47 PL SUITE 447 HIALEA	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARELYN C CARLOS	1275 W 47 PL SUITE 447 HIALEA	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

FILED
MAR 13 2013
TALLAHASSEE, FLORIDA

ALLAHSEE
DEC 13 1991

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DEC 13 PM 3:33
TALLAHASSEE FLORIDA

Dated 12/05 2017

MARELYN C CARLOS

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Filing Fee: \$25.00