## 11800017460

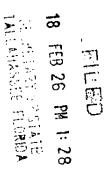
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	<del>)</del>
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	





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J. LEGGETT FEB 27 2018



February 6, 2018

CALVIN GRACE 619 ARCHIBALD AVENUE ALTAMONTE SPRINGS, FL 32701 US

SUBJECT: GRACEFUL SERVICES, LLC

Ref. Number: L18000017460

We have received your document for GRACEFUL SERVICES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 618A00002451



## **COVER LETTER**

Division of Corporations	
SUBJECT: Graceful Services,	, LLC
	Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) at	re submitted for filing.
Please return all correspondence concerning this	matter to the following:
Calvin Grace	
Name of Person	<del></del>
Graceful Surfaces	
Firm/Company	
619 Archibald Avenue	
Address	
Altamonte Springs, FL 3	2701
City/State and Zip Code	
bluepooldoctor@gmail.co	om
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, p	please call:
Calvin Grace	at (407 ) 454-4601
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount:  \$\sum \\$25 \text{ Filing Fee} \sum \\$30 \text{ Filing Fee &}\$	\$55 Filing Fee & \$60 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status Certified Copy

ARTICLES OF AMERICANDA

## TO ARTICLES OF ORGANIZATION OF

Grace Ful Name of the Limited	Liability Company Florida Limited Liab	as it now appears on ou	r records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L18000</u> (1/2)		ere filed oni/iC	1/2018	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the Trace Turn The new name must be distinguishable and contain the work.  Enter new principal offices address, if applicable the contain the state of the address AUST REA STREET.	ds "Limited Liability of	rfaces		breviation "L.L.C."
(Principal office address MUST BE A STREET	<u>ADDKESS)</u> _	<del></del>	<u> </u>	70 B
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	 <u></u>	Same		FEB 26 PM
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on our i	records, enter	7
Name of New Registered Agent:	Same	<u></u>		
New Registered Office Address:	Sound	Enter Florida stree	n address	
,			Florida	
		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

or remove	d from our records:		
MGR = ! AMBR = !	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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		<del></del>	☐ Change
	NA		Add
			☐ Remove
			· Change
	NP		Add
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	•		Change
	N/A		□ Add
			☐ Remove
	·		Change
	N/A		□ Add
			☐ Remove
			☐ Change
	NA		
			□ Remove
			☐ Change

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ffective date, if other t	han the date of filing:e date must be specific and cannot be prior to date	c of filing or more than 90 days after	onal) r filing.) Pursuant to	605 0207
lote: If the date inserted	in this block does not meet the applicable son the Department of State's records.	tatutory filing requirements, this	s date will not be	listed as
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e record specifies a c The 90th day after	delayed effective date, but not an the record is filed.	effective time, at 12:01 a	a.m. on the ea	arlier of
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Page 3 of 3

Filing Fee: \$25.00