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COVER LETTER

TO:		tration Section of Corp			
SUBJE	CTr.	Graze Acad	demy, LLC		
эовя			Name of Lim	ited Liability Company	***
			Amendment and fee(s) are sub	•	
Please r	eturn a	il correspon	dence concerning this matter	to the following:	
			Christina Dawson		
			Graze Academy, LLC	Name of Person	
			3102 Thonotosassa Road	Firm/Company	
			Plant City, Florida, 33565	Address	
			christinadawson34@yahoo.	City/State and Zip Code com	
			E-mail address: (to be used for future annual report notifi	cation)
For furt	her info	rmation co	ncerning this matter, please ca	all:	
Christir	na Daw	vson		727 287 8893	
		Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	d is a c	heck for the	following amount:		
□ \$25	.00 Fili	ng 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

Graze Academy, LLC

FILES

(Name of the Limited Liab	pility Company as it now appeared Limited Liability Company)	ars on our records.)
		知识 SEP 11 Trining
The Articles of Organization for this Limited Liability Florida document number L18000136915NA	Company were filed on 06	6/01/2018
Florida document number L18000136915NA		TALLAHASSEE. TEOMISA
Fiorida document number	 ,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
This amendment is submitted to amend the following:		İ
A. If amending name, enter the new name of the li	mitad liability sompany b	
A. If amending name, enter the new hante of the n	inted nabinty company n	ere.
The new name must be distinguishable and contain the words "L	imited Liability Company " the	designation "LLC" or the abbreviation "LLC"
	mined flatering company, the	designation 15.50 of the above various 15.55.
Enter new principal offices address, if applicable:		187
(Principal office address MUST BE A STREET ADI	DRESS)	
Parameter 11 control 11		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	—— name	
B. If amending the registered agent and/or reg		n our records, enter the name of the ne
registered agent and/or the new registered office ad	ldress bere:	
Name of New Registered Agent:		
-	· · · · · · · · · · · · · · · · · · ·	1 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
New Registered Office Address:	F El	orida street address
	rnter Fto	riaa sireet aaaress
	144.60	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 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>	Type of Action
MBR	Macatee, Patricia G	3102 Thonotosassa Rd., Plant City, Ft., 33565	
			Add
			☐ Remove
		changing the title from MBR to AMBR	■ Change
·*··		•	
			Remove
			☐ Change
	**************************************		O Add
			Remove
			Change
		<u> </u>	Add
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			Change
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			Change
		· · · · · · · · · · · · · · · · · · ·	
			Remove
			☐ Change

We are changing Patricia G Macatee, from MBR to AMBR	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing of Note: If the date inserted in this block does not meet the applicable statutory f document's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.0207 (3)(billing requirements, this date will not be listed as the
f the record specifies a delayed effective date, but not an effective. b) The 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier of:
Dated September 09. 2019.	
Dated September 09. 2019. Christia C. Dansignature of a member or authorized representation.	tive of a member
Christina L Dawson	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00