L19000002199

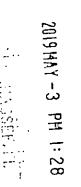
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status Special Instructions to Filing Officer:

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C GOLDEN MAY 1 5 2019

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Jeacefulle	CLEHNING SP	rvices, LLC.
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Scorpa	Grace	
	J	Name of Person	
		Firm/Company	
	4440 SW	JARCHER RS	APT 1728
	GAPPRESVI	LLP, FL 32	LPD8
	Gracefull E-mail address: (1	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	<u>ces(a)</u> gmail.com
For further information	concerning this matter, please co		V
Scoya	Grace	at (<u>352</u>) <u>314</u>	-8178 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

TO
ARTICLES OF ORGANIZATION
ARTICLES OF ORGANIZATION OF Control Company as It now appears on our records. (Name of the Limited Liability Company) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 1228 2018 and assigned Florida document number 19000002199
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:
New Registered Office Address: Enter Florida street 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

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 = Au	ithorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Sommick Grace Se.	4440 SWARCHER RD +POT 172	<i>.</i>
	·	4440 SWARCHER RD +10+172 GARNESVILLE, FL 32408	Remove
^ .	\wedge		Change
AMBR	Scoya Grace	4440 SWARCHER RD APTIT	₩ Add
	J	Gainesville, FL 32608	Remove
			Change
			🗅 Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
		 	□ Remove
			Change
			□ Add
			Remove
			Change

). II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Mais 1st 2019
	Signature of a member or authorized representative of a member
	Scorranged or printed name of signee

Page 3 of 3

Filing Fee: \$25.00