L19000039373

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

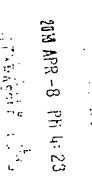
Office Use Only



400327224114

04/09/19--01011--007 **30.00

RECEIVED
APR 0 8 2019





COVER LETTER

TO: Registration Section Division of Corporat	ions		•	
SUBJECT: Graces	Sully Up	Scale Event Pla mited Liability Company	nning and	Rentals,LL
The enclosed Articles of Amende Please return all correspondence		•	:	BA TOR-8 PT
_	Cariss	M. Lawrence	<u> </u>	-8 PM
	Bracefull	y Upscale Eve	ent Plannin	g differfials
_(0810 Mar	Address Dr		
C	Grlande E-mail address:	City/State and Zip Code 1050910 @ 9ma (to be used for future annual report notifi	ication)	
For further information concerni	ng this matter, please o	call:		
Cariss M. Name of Person	lawrence	at (321) 278 Area Code Daytime	P - 64// Telephone Number	_
Enclosed is a check for the follo	wing amount:			
□ \$25.00 Filing Fee \$25.00 \$.	30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing I Certificate of Certified Cop (additional copy)	Status & y

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 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

Cracefully Upscale Event Planning and Rentals, LAC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
Enter new mailing address, if applicable:	
	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADD	DRESS)
Enter new principal offices address, if applicable:	
The new name must be distinguishable and contain the words "I.	imited Liability Company," the designation "LLC" or the abbreviation "LLC;"
A. If amending name, enter the new name of the li	mited liability company here:
This amendment is submitted to amend the following:	
The Articles of Organization for this Limited Liability Florida document number <u>L19000393</u>	Company were filed on February 8,3019 and assigned 7.3.

New Registered Agent's Signature, it 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								
Title	Name	Address	Type of Action					
AMBR	Epiphony Wilson	6810 Mandaria Dr						
			☐ Remove					
			Change					
			Remove					
			Change					
			□ Remove					
			🗀 Change					
			🗖 Add					
			□ Remove					
			Change					
			Add					
			🗆 Remove					
			🗆 Change					
								
			□ Remove					

☐ Change

_				<u> </u>						_
		- 								_
								·		_
										_
									·	_
										_
							-	•		_
						<u> </u>				-
			-					r := 3		-
		· <u>··</u> ·			, -					-
	<u> </u>									_
										_
										_
				-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					_
tote: II	date, if other ive date is listed, the date inserted t's effective date	in this block do	es not m	neet the app	olicable stat	filing or mor utory filing	e than 90 da requiremen	(optional) ys after filing, ts, this date) Pursuant to 60 will not be lis	05,0207 ted as
e recor The 90	d specifies a Oth day after	delayed effe the record is	ctive d filed.	ate, but	not an ef	fective tir	ne, at 12	:01 a.m.	on the earl	ier o
ated	March									
		<u> </u>	M. ure of a n	1 nember or a	. <u>McM</u>	resentative o	fa member			
		ariss								

Page 3 of 3

Filing Fee: \$25.00