L19 000141393

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COVER LETTER

GRACE SPIRITUAL & CULTURAL BAND LLC SUBJECT: 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: Marc Elie Altemar Name of Person Firm/Company 8490 S Coral circle Address North Lauderdale FL 33068 City/State and Zip Code enaltemar@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Marc Elie Altemar Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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**

GRACE SPIRITUAL & CULTURAL BAND LLC (Name of the Limited Liability Company as it now appears

(A Florida	Limited Liability Company)	on our records	<u>.</u> ,		
The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{05/2}{}$	8/2019		_ and assig	ned
Florida document number <u>L19000141393</u>	_ .				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ted liability company her	<u>e</u> :			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the des	signation "LLC"	or the abbre	eviation "L.L.	<u></u>
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR.	<u> </u>				
	-		: : <u>بن</u> ز	1306102	
			'- :	1.30	- ;
Enter new mailing address, if applicable:			<u> </u>	2	•
(Mailing address MAY BE A POST OFFICE BOX)			•	- 0	· —
				=	<u>.'</u>
			,	26	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ered office address on a	our records.	<u>enter th</u>	e name of	the ne
registered agent and/or the new registered office addr	ess nere .				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florid	la street address			
		Flo	rida		
	City			Zip Code	

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>	Name	Address	Type of Action
AMBR	LOUIS CARLINE	1616 NW 15 AVENUE	
		FORT LAUDERDALE,	■ Remove
		FL 33311	
			Change
			□ Remove
			☐ Change
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rec The	ord specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier o 90th day after the record is filed.
ited _	10/14/2019
	Signature of a member or authorized representative of a member
	Marc Elie Altemar
	Typed or printed name of signee

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Filing Fee: \$25.00