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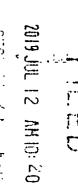
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(C	City/State/Zip/Phone #)	
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(E	Business Entity Name)	
(C	Occument Number)	
Certified Copies	Certificates of	Status
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COVER LETTER

Divisi	on of Corp	orations		
		DEFULLY PLANNED LLC		
SUBJECT: _		Name of Limi	ted Liability Company	
70 L LA			_in_d &_a &iia.a	
		amendment and fee(s) are subt		
Please return al	il correspon	dence concerning this matter t	to the following:	
		JULIO MOLINA		
			Name of Person	
		JULIO MOLINA PA		
			Firm/Company	
		2002 CURRY FORD RD		
			Address	
		ORLANDO, FL 32806		
		JULIOMOLINA@BELLSC	City/State and Zip Code DUTH.NET	+1-
		E-mail address: (t	to be used for future annual report notifi	cation)
For further infe	ormation co	neerning this matter, please ea	ill:	
JULIO MOLI	NA		407 228-4757	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a c	heck for the	e following amount:		
■ \$25.00 Fili	ing 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:

TO:

Registration Section

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

THE GRACEFULLY PLANNED LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L19000150014		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L1.C" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		30 -
Enter new mailing address, if applicable:		2
(Mailing address MAY BE A POST OFFICE BOX)		
	Marie Carlotte Carlot	Will Co
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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_heing added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	DIANA RUIZ	318 BARON ROAD ORLANDO, FL 32828	
			□ Remove
			Change
			Add Remark
			TB Change
			Remove
			☐ Change
	·		
			Remove
			Change
			□ Remove
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			Add
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an effective date is	f other than the date s listed, the date must be sp	ecific and cannot be	prior to date of filir	g or more than 90 days	optional) after filing.) Pur	suant to 605,020
tote: If the date	inserted in this block dive date on the Departi	bes not meet the a	applicable statutor	y filing requirements	s, this date will	not be listed a
	•					
e record spec The 90th day	ifies a delayed effe y after the record i	ective date, bu s filed.	it not an effect	ive time, at 12:	01 a.m. on	the earlier (
JUNE 24		2019				
Pated		-/ //	·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00