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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Name Change



COVER LETTER

TO:

TO: Registration Se Division of Cor					
SUBJECT:	he Graceform	ully Planned ited Lixibility Company	LLC		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	D12	ana Ruiz Name of Person			
	The Grad	cefully Planne	d LLC		
	318	Baron Rd Address			
	Orlan	ndo FC 328 City/State and Zip Code	28		
		City/State and Zip Code Cace Fully Dlanne to be used for future annual report noti		5	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
For further information c	oncerning this matter, please c	all:		л Л	· _ · :
Diana R Name o	U/Z if Person	at (<u>407</u>) <u>301</u> Area Code Daytim	-658Z e Telephone Number	511 St. 147	1017 P. 1018
Enclosed is a check for the	he following amount:				Ú)
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of \$ Certified Copy (additional copy is	tatus &	
Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpora Clifton Building	on		
	assee, FL 32314	2661 Executive Co	enter Circle		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

/he G-r	acefully Planned L	120
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records Florida Limited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liab		219 and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	he limited liability company here:	
First Steps The new name must be distinguishable and contain the wor	Family Expo LL	C
he new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC"	' or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ele:	
Principal office address MUST BE A STREET	ADDRESS)	
		<u> </u>
Enter new mailing address, if applicable:		ii
Mailing address MAY BE A POST OFFICE Bo	<u> </u>	<u> </u>
3. If amending the registered agent and/or	registered office address on our records	, enter the name of the new
egistered agent and/or the new registered office	ce address here:	
Name of New Registered Agent:		····
New Registered Office Address:		Carlo Anno A
	Enter Florida street address	;
		orida Zip Code
	City	z.q) Coae

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			D Add
			☐ Remove
			Change
		-	Remove
			Change
	A1-88		
			□ Remove
			□ Change
			Add
			Remove
			☐ Change
			□ Add
			Remove
			Change

, ii ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff <u>Note:</u>	ive date, if other than the date of filing:
f the red b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	10 10 19 Signature of a member or authorized representative of a member
	Diana Ruz Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00