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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Grace & Bl	e SSing UC of Limited Liability Company
	The state of the s
The enclosed Articles of Amendment and fee(s) :	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
<u>Le</u>	ticia Varela Franco
Grace	+ Birssing Lic
1 .	Stardust Ln.
()-l	ardo FL 32818
	City/State and Ztp Code
E-mail ad	dress: (to be used for future annual report notification)
For further information concerning this matter, pl	·
Leticia Varela	ar 352, 815 - 7568
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee	
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section
P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compan (A Florida Limited Li	LLC y as it now appears o	2020 U. 1-8 / 11:45	
The Articles of Organization for this Limited Liability Company v. Florida document number $\frac{L20000000279}{}$			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the desig	nation "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 acagent and/or the new registered office address here:	idress on our reco	rds, <u>enter the name of the new reg</u> istere	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida Zip Code	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree	e to act in this cap	acity. I further agree to comply with the	

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.

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and

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
MGB/	Leticia Varela Franco	6597 Stardusy Ln.	□Add
AMBR		Orlando FL 32818	□Remove
			hange
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
			□Add
		·····	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

_	Please amend Leticia Varela Franco to show as manager and
_	to show as manager and
6	authorized member.
_	
_	Also please add. Guillemi. Gamez
_	Also please add. Guillerma Gomez Second last name. Should read Guillermo Gomez Lopez.
_	Caillan Comme lagrant
_	GUILLERMO GOMEZ LOPEZ.
_	
_	.0 1
·-	Thank You.
_	
_	
_	
_	
. Effecti	we date, if other than the date of filing: $1-6-20$ (optional)
(If an effe Note:	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docume	ent's effective date on the Department of State's records,
	ord 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	1-6. 120.
	AAP
	Signature of a member or authorized representative of a member
	Leticia Vavela Franco
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00