

h20 000068734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL

Amend

D CUCINNO

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRACIOUS LIVING RESIDENCY, LLC

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:

RICKY SOUZA

Name of Person

SOUZA'S TAX & ACCOUNTING PROFESSIONALS INC

Firm/Company

6239 EDGEWATER DRIVE, SUITE D-01

Address

ORLANDO, FL 32810

City/State and Zip Code

ACCOUNTING@SOUZATAX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paulna Pierrot

407

552-5676

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

2021 FEB 22 PM 5:12

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2021

RICKY SOUZA
6239 EDGEWATER DRIVE
STE. D-01
ORLANDO, FL 32810

SUBJECT: GRACIOUS LIVING RESIDENCY, LLC
Ref. Number: L20000068734

We have received your document for GRACIOUS LIVING RESIDENCY, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 421A00003017

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

GRACIOUS LIVING RESIDENCY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2021 FEB 22 PM 5:12
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 03/02/2020

Florida document number 120000068734

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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)

6239 EDGEWATER DRIVE, SUITE D-01

ORLANDO, FL 32810

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

SOUZA'S TAX & ACCOUNTING PROFESSIONALS INC

New Registered Office Address:

6239 EDGEWATER DRIVE, SUITE D-01

Enter Florida street address

ORLANDO

City

Florida 32810

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 being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AR	DEMILOLD, NANCY		<input type="checkbox"/> Add
		7514 REX HILL TRAIL, ORLANDO, FL 32818	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PIERROT, PAULNA	1906 SMOKETREE CIRCLE, APOPKA, FL 32712	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(If an effective 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)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____

Signature of a member or authorized representative of a member

PAULNA PIERROT

Typed or printed name of signee

Filing Fee: \$25.00