## L20 000084495

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
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## **COVER LETTER**

TO: Registration S Division of Co			•
SUBJECT:	Touch of Gr Name of Lim	ace Detailed Chaited Chaited Liability Company	Paning, UC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Debra M	Bater Name of Person	
	Touch of	Grace Detailed C	Leaning, UC
	<u>423 NN</u>	1 1 St Terrace Address	
	Deer fie	1d Beach, FL City/State and Zip Code	3344
	Mrs, db.	AKEY 81,8900 Mail to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Ochra /	11, Baker of Person	at ( <u>954)</u> <u>899 -</u> Area Code Daytime	- 3536 Telephone Number
Enclosed is a check for t	he 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Touch of Grace Det (Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records?
(A Florida Limited Lia	bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on March 18, 2020 and assigned
Florida document number <u>L 2 00000 84495</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L.L.C." 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)	<del></del>
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

## 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.

Ciry

If Changing Registered Agent, Signature of New Registered Agent

. Florida \_

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
MGR	Debra M. Baker	423 NW 1st Terrace	IZAdd
		Deerfield Beach, FL 33	44∫ □Remove
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ed	March	31,	20-	20 .			
		Signature	() a M) of a member or	duthorized represe	entative of a member		