LZO 000107167

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
, , , , ,				
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COVER LETTER

TO: Registration Se Division of Cor		•		
GracelandS	ion, LLC			
SUBJECT:				
	Amendment and fee(s) are sub-			
Please return all correspo	indence concerning this matter	to the following:		
	Aillyn Aulov			
	GracelandSun, L.I.C	Name of Person		
		Firm/Company		
	1110 Lidtlower Street	Think only any		2020
	Hollywood, Fl 33019	Address		2020 OCT 72
	houndee73@ gmail.com	City-State and Zip Code		M 1:07
	E-mail address: (to be used for future annual report notif	ication)	體別
For further information c	oncerning this matter, please co	all:		
Aillyn Aulov		954 7322252		
Name o	of Person	at () Area Code Daytime	· Telephone Number	
Enclosed is a check for ti	he following amount:			
L \$25.00 Filing Fee	2. \$30.00 Filing Fee & Certificate of Status	© \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Contact	if Status & py
Mailing Address Registration	Section	Street Address: Registration Sec Division of Cor		

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Fl. 32314

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

	Hollywood	Florida
		torida street address Florida 33019 Zip Code
New Registered Office Address:	1110 Lidflower street	
Name of New Registered Agent:	Aillyn Aulov	
agent and/or the new registered office addr		
B. If amending the registered agent and/or agent and/or the new registered office addr		records, enter the name of the new register
		7/1
(Mailing address MAY BE A POST OFFICE	<u>: BUM</u>	
Enter new mailing address, if applicable:		
10 A		2 <u>1</u>
		0 -
(Principal office address MUST BE A STRE	2020	
Enter new principal offices address, if appli	cable:	
The new name must be distinguishable and contain the	words "Limited Liability Company." the	e designation "LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name.		hara
This amendment is submitted to amend the fol	lawino:	
Florida document number	·	
The Articles of Organization for this Limited I	04/20/2020 and assigned	
	ited Liability Company as it now appr (A Florida Limited Liability Company	
tivaine of the Lini	neo maniny Company ay ichow appo	21 4 911 1011 100 01 17

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
AMBR	Alejandio Uspina	1110 lid Hari St	ZíAdd
		Hollywor F2 33019	□Remove
			☐ Change
AMBR	AillyN Aula	1110 lid flaerst	Z∕∆dd
	ı	Hollyuwd F233019	□Remove
			UChange
			EJAdd 2020 ET 72 ET D Change H 1: 07
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