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COVER LETTER

TO: Registration So Division of Cor			r
SUBJECT:	Soirees by Grace Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Machey W.	Bruckner CPA	
	Mitchell W	. Bruckner CPA Firm/Company	PA
	4500 N.	University Drive	Ste A106
	<u>Lauderhi</u>	II FL 333 City/State and Zip Code	51
	Mtch QWV C E-mail address: (i	KNEC VM. COM o be used for future annual rep	ort notification)
For further information of	oncerning this matter, please ca		,
Grace Silv	IEV MAY If Person	at (Area Code)	Daytime Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Soirees D	y Grace ILC
(Name of the Limited I (A F	Jability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number	
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the Sources With Grace VI The new name must be distinguishable and contain the words	
Enter new principal offices address, if applicable	
(Principal office address MUST BE A STREET A	(DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO)	X)
B. If amending the registered agent and/or regis	stered office address on our records, enter the name of the new registe
agent and/or the new registered office address ho	ere:
Name of New Registered Agent:	
New Registered Office Address:	ယ Enter Florida street address
_	, Florida
	CIIV Zin Codo

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
			Remove
			Change
		 	
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ective date, if other reffective date is listed, (than the date of filing he date must be specific and	cannot be prior to dat	e of filing or more than	(optional) 90 days after filing.) Purs	uant to 605.020
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ecord specifies a delay	ed effective date, but not	an effective time, a	t 12:01 a.m. on the e	arlier of: (b) The 90th	a day after the
is filed.					
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ted <u>104 30 </u>		MODI			
	Signature of a n	nember or authorized	representative of a me	mber	

Filing Fee: \$25.00