

L20 000 176397

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

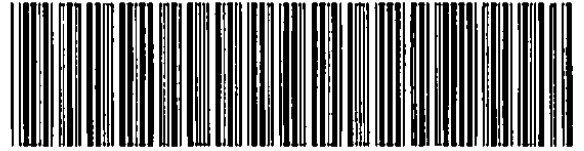
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100354770571

11/13/20--01010--008 \*\*25.

2020 NOV 12 AM 11:33  
SECRETARY OF STATE  
FILING

LA-12/17/20

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gratitude and Compassion, 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:

William Kyle Johnson

\_\_\_\_\_  
Name of Person

Gratitude and Compassion, LLC

\_\_\_\_\_  
Firm/Company

606 SW 2nd Ave

\_\_\_\_\_  
Address

Ocala, FL 34471

\_\_\_\_\_  
City/State and Zip Code

kylej@robertsfunerals.com

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

For further information concerning this matter, please call:

William Kyle Johnson

352

537-8111

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

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

Gratitude and Compassion, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/24/2020 and assigne  
Florida document number L20000176397.

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)

606 SW 2nd Ave

Ocala, FL 34471

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

606 SW 2nd Ave

Ocala, FL 34471

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

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*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 w  
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an  
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen  
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

Title	Name	Address	Type of Address
AMBR	William Kyle Johnson	606 SW 2nd Ave	<input checked="" type="checkbox"/> Add
		Ocala, FL 34471	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
		<input type="checkbox"/> Add	
		<input type="checkbox"/> Remove	
		<input type="checkbox"/> Change	
		<input type="checkbox"/> Add	
		<input type="checkbox"/> Remove	
		<input type="checkbox"/> Change	
		<input type="checkbox"/> Add	
		<input type="checkbox"/> Remove	
		<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 605.026.

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.

Signature of a member of \_\_\_\_\_

John C. Weber, Jr.

John C. Weber Jr

**Filing Fee: \$25.00**