

L20000 312503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

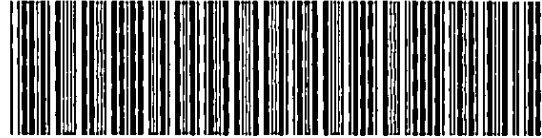
(Business Entity Name)

(Document Number)

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2/24/21
[Signature]

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GRACE & PIECES, 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:

KIMBERLY ALLEN

Name of Person

GRACE & PIECES, LLC

Firm/Company

7023 ZONA AVENUE, SUITE 1

Address

JACKSONVILLE, FLORIDA 32211

City/State and Zip Code

GRACEANDPIECES@COMCAST.NET

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

For further information concerning this matter, please call:

KIMBERLY ALLEN

904

365-3605

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**

GRACE & PIECES, 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 10/20/2020 and assigned
Florida document number L20000312503.

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)

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:

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Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

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 the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

_____ Add 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>
MGR	KIMBERLY ALLEN	7023 ZONA AVENUE	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FLORIDA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	JUSTIN LACY	5681 EDENFIELD ROAD, 116	<input type="checkbox"/> Add
		JACKSONVILLE, FLORIDA 32277	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	RALPH ALLEN, JR	7023 ZONA AVENUE	<input type="checkbox"/> Add
		JACKSONVILLE, FLORIDA 32211	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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Add
Remove
Change
Add

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Effective date, if other than the date of filing: JANUARY 5, 2021 (optional)

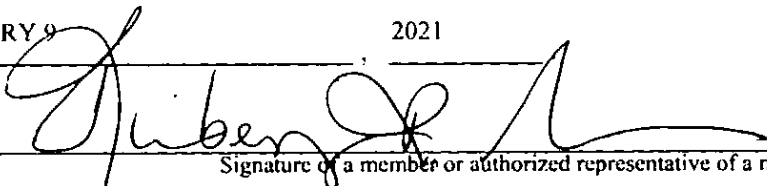
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

word 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 filed.

JANUARY 9

2021



Signature of a member or authorized representative of a member

KIMBERLY R. ALLEN

Typed or printed name of signee