## L21000324834

(Requestor's Name)
(Address)
(Address)
(//30/2007)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , , ,
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<b>3</b>

Office Use Only



100369559451

) ]

## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor					
SUBJECT:	Grace Pronounce of Limit	oductions LL(	<u> </u>		
The enclosed Articles of .	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspo	ndence concerning this matter t	o the following:			
	Darnell T	). Themp kins Name of Person			
	· ·	/ Firm/Company			
	2335 12	My Ln Address		2021	
`	Tallahasse	FL 32303 City/State and Zip Code		2121 JUL 20 PM 2: 50	<u></u>
		o be used for future annual report notif		PH 2:	
For further information c	oncerning this matter, please ca	- • •		20	
Darnell Thom	npkihs Person	at 561 7/4 Area Code Daytime	02 19 Telephone Number		
Enclosed is a check for the	ne 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 Filin  Certificate  Certified Contact (additional contact)	of Status &	
Mailing Addres Registration 9		Street Address: Registration Sec	rtion		
Division of C	orporations	Division of Corp	porations		
P.O. Box 632	:7	The Centre of T	allahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRACE PRODUC	TT ans LLC
	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L 21000324836</u>	Company were filed on July 16, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the line Grace World Propu	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADD	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PM 2: 50
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new registered</u> e:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<del></del>	, Florida

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			☐Remove
	···		Remove  283 Change  284 Change  285 Change
			1 Dimove
			□ Change
			□Remove
		-~	□Change
			□Add
			□Remove
			□Change
			□Add
			□Change

	<del></del>			<del></del>							
							<del></del>				
						_		<u> </u>		<del></del>	
			· · · · · · · · · · · · · · · · · · ·					· <u> </u>			
							_				
					_			<del></del> -			
				<u> </u>				<del></del>	F ,	2	
-			-		_				<u></u>	2 <b>1</b>   JUL	
					_				· <u>·</u>	04 7	 •-•
									<u>-</u>		,  T
										-5 <del>7</del>	Ċ
									.0 d.	50	
								37			
<del></del> -			<del></del>					<del></del>			
			_			<del></del>	<del></del>		<u></u>		
				_							
				· ·	·			<u>.</u>			
Effective d:	ate, if other	t <b>han the date</b> e date must be sp	of filing:				(o	ptional)			
If an effective Note: If the	date inserted	e date must be sp in this block do on the Departr	oes not mee	et the applic	able statutor	ng or more they filling req	an 90 days a nirements,	ifter filing. this date	) Pursuant will not l	to 605.0 be listed	1 as th
		d effective date	, but not ar	r effective ti	me, at 12:01	l a.m. on th	e earlier of	(b) Th	e 90th da	ıy after	the
document's	cifies a delaye										
document's	cifies a delaye										
document's	~ 1	10 11/1	[P]	2021	<u>/</u> .						
document's e e record spec rd is filed.	~ 1	2.0 Lu As Darneis	life of a she	2021 11) Inher or auth	orized repress	entative of a	member	<del>,</del>			

Filing Fee: \$25.00