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	(Requestor's Name)
	l (Address)
	(Address)
	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified C	opies Certificates of Status
Special I	nstructions to Filing Officer:
	Office Use Only



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FILED 2021 OCT 25 PK 3: 07 SEGRETANI-GESTATI

Y. SCOTT NOV - 5 2021

,		COVER LETTER	
TO: Registration S Division of Co			
	perty LLC		
SUBJECT	Name of Limit	ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are subt	nitted for filing.	
Please return all corresp	oondence concerning this matter t	to the following:	
	Uyen P Nguyen		
		Name of Person	
,	Grace Property LLC		20
		Firm/Company	21 OC
	772 Conestee Drive		772
!		Address	T 25 PK
	Melbourne, FL 32904		2021 OCT 25 PH 3: 07 SECRETALL OF STATE THAT SEE FL
		City/State and Zip Code	OTE OT
	uyenwnguyen@gmail.com E-mail address: (1	to be used for future annual report no	tification)
For further information	concerning this matter, please ca	all:	
Uyen Nguyen		503 997-9571	
Name	e of Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add Registratio Division of	ress: n Section `Corporations	Street Address: Registration S Division of Co	
P.O. Box 6		The Centre of 2415 N. Monr Tallahassee, F	oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records. nited Liability Company)	2)
The Articles of Organization for this Limited Liability Comp	pany were filed on	and assigned
Florida document number L21000438800		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	liability company here:	
Grace Property One LLC		202 SE
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		ज ज
(Principal office address MUST BE A STREET ADDRES		PR 3: 07
Enter new mailing address, if applicable:		· H -
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter (</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<i>y</i>
		orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	d agree to act in this capacity. I fur uplete performance of my duties, an ut as provided for in Chapter 605, i	nd I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Ma AMBR = Au	inager ithorized Member					
<u>l'itle</u>	<u>Name</u>	Address	Address			
						
				□Remove		
				□Change		
	<u>.</u>		SECRET TALL/	2021 OCT 25		
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(If an effect Note: If	e date, if other ive date is listed, t the date inserted t's effective date	he date must b d in this block	e specific and k does not n	cannot be page	plicable sta	of filing or me tutory filing	re than 90 day	(optional) s after filing.) ts, this date v	Pursuant vill not	to 605,0207 be listed as
the record s	specifies a delay	ed effective o	late, but not	an effecti	ve time, at	12:01 a.m. o	n the earlier	of: (b) The	90th da	ıy after the
Dated	oct	18+	い 	. <u>a</u> c	121.					
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