L21000443394

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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2022 OCT 31 PH 3: 39
SECRETARY OF STATE
TALL MASSIFE ST

Come Change

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

621-443394

SUBJECT:	GRACE DIVINE	Pointing LLC Limited Liability Company				
	Name of	Limited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are	submitted for filing.				
Please return all corresp	ondence concerning this ma	atter to the following:				
	FRANK F	l FELIX				
	7 7777011 2	Name of Person	***			
		ne Pais Ting CLC				
		, mile company				
	18100 NW	Address		~;		
		Address		9822		
	Miami Gar	dens F1 33169		0CT		
		City/State and Zip Code		<u> </u>		
	frankelfe	elix 12@ gmail. com	, ဟြင်	p [
For further information	E-mail addre concerning this matter, plea	Address City/State and Zip Code Lix 12 Q mas L. Com ess: (to be used for future annual report not use call:	ification)	 မ. မ		
Name	of Person	at (786) 357- 2 Area Code Daytin	ne Telephone Number			
Enclosed is a check for	the following amount:					
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Statu	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	etus & nclosed)			
Mailing Addre		Street Address:				
Registration		Registration Se				
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



October 11, 2022

FRANKEL FELIX 18100 NW 6TH AVE MIAMI GARDENS, FL 33169

SUBJECT: GRACE DIVINE PAINTING LLC

Ref. Number: L21000443394

We have received your document for GRACE DIVINE PAINTING LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 622A00020939

Michael A Hall OPS Clerk

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NE Pain'ing	2 L.C	
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appear la Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability (Company were filed on	10/11/2021	
Florida document number <u>421443394</u>	<u></u> ,		202 SE
This amendment is submitted to amend the following:			2022 OCT 31 SECRETARY
A. If amending name, enter the new name of the lin	nited liability company ho	ere:	
GORGE DIVINE AUTO PAINTE	C SUADIES "L	4C"	199 P M
GRACE DIVINE AUTO PAINTING The new name must be distinguishable and contain the words. Lir	nited Liability Company," the d	lesignation "LLC" or the	
Enter new principal offices address, if applicable:		 	39
(Principal office address MUST BE A STREET ADD.	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our r	ecords, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:			
	Enter Flor	rida 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 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
			□Add
•			□Remove
			□Change
			□Add
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<u>ote:</u> If	the date inscrted	than the date one date must be specification this block does on the Department	s not meet tl	he applicable	e of filing or mo statutory filing	re than 90 days requirements,	ptional) after filing.) Pursu this date will n	ant to 605,0207 of be listed as
ecord s is filed.		d effective date, b	out not an ef	fective time, a	at 12:01 a.m. o	n the earlier o	f: (b) The 90th	day after the
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		Signatu	re of a membe	er or authorized	representative of	of a member		
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