## 12200003597

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**T. MATTHEWS** FEB 2 3 2022

## **COVER LETTER**

TO:	Registration Se Division of Corp				
SUBJE	CT:	GRACE Clinic o Name of Lin	FOID HOMOSAS nited Liability Company	sa LLC	
The enc	losed Articles of A	Amendment and fee(s) are sul	bmitted for filing.		
Please r	eturn all correspoi	idence concerning this matter	to the following:		
		Geoff	REY ROBERTS Name of Person		
		Grace C	Firm/Company	mosassa LLC	
		3219 5. 3	Suncoat Blvo Address		
		Homosassa	F1 - 3444 City/State and Zip Code		
			Tompahay.rr. Ce		
For furth	ier information co	ncerning this matter, please c	all:		
<u>-</u>	Cloria Name of	Cain	at ( <u>352</u> ) 7 Area Code	95-5685- Daytime Telephone Number	
finclosed	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)	S60.00 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

22 FFT 15 PA 3: 11

<i>A</i> -	FF   FO   4   11 9. 14
Grace Clivic of	Old Nomesassa 110
(Name of the Limited Liability) (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Con	npany were filed on $\frac{12/25/2021}{}$ and assigned
Florida document number	, ,-
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
77	
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 ADDRES	55)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<ol><li>If amending the registered agent and/or registered of</li></ol>	fice address on our records, enter the name of the new registered
agent and/or the new registered office address here:	and the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
None Designated A. 1. 19	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 statues 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	Name	Address	Type of Action
MGN	GeoffreyM. Roberts	64565. Lanceleaf Terr.	□Add
		Homosassa, F1-34448	Remove
			KChange
-			🗆 Add
			□Remove
			Change
<del></del>			□Add
			□Remove
			□Change
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			□Remove
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			□Remove
			Change
			□Add
			□Remove
			[]Changa

Effective date, if other than the date of filing:		nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:  (If an effective date is issed, 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 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.  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 cord is filed.  Dated Feekhary II 2022  Wighthat Signature of a member or authorized representative of a member		
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	Dated	February 11 2022
		Signature of a member or authorized recognition

Filing Fee: \$25.00