172000092691

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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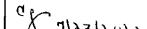
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COVER LETTER

TO: Amendment Section Division of Corporations

Mailing Address
Amendment Section

P.O. Box 6327

Division of Corporations

NAME OF CORPOR	RATION: <u>Prober</u>	Grace LLC	<u>-</u>
DOCUMENT NUMB	ER: <u>L220000</u>	92681	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Mic	Name of Contact Perso	le
-		Name of Contact Perso	n
-	ProPer	Firm/ Company Ful Lane Al Address	·
		Firm/ Company	
-	5352 BUS9	we lane AT	110
	4	Address	
_	West Pala	Address 1 Beach FL City/ State and Zip Cod	334/5
		City/ State and Zip Cod	e
_	Mai CKO10	A Superior Language Control of Superior Control of Superior Control of Contro	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
	BAZile	at (_ 56 /	gto 07/5 de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)"	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

<u>Street Address</u> Amendment Section Division of Corporations

The Centre of Tallahassee



RE MED

2022 JU 70 PH 1:49

FLORIDA DEPARTMENT OF STATE Division of Corporations SECRE TAEL

April 19, 2022

MICHAEL BAZILE 5352 BOSQUE LANE APT 110 WEST PALM BEACH, FL 33415

SUBJECT: PROPERGRACE LLC Ref. Number: L22000092681

We have received your document for PROPERGRACE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida corporation, but your entity is a Limited Liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Claretha Golden Regulatory Specialist II

www.sunbiz.org

TO DO DOV COOR TO U.S. THE ST. CO.

Letter Number: 722A00009170

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Probba Grace	ty Company as it now appears on our records.) Limited Liability Company)	2022 JUL 20 AH 11: 0
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 2/14/202	and assigned
Florida document number <u>L220000 9768</u>	<u>.L</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit PROPER GRACE MWB The new name must be distinguishable and contain the words "Limit"	LLC	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	 	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	D	
	Enter Florida street address	
	Floric	
	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 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
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			□Change

If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
-	
-	
If an effecti Note: If t	date, if other than the date of filing:
e record sprd is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	7/15/2022.
	0 111 00
	Signature of a moniber of authorized representative of a member
	Typed or printed name of signee