10/8/2022 09:59:19 CDT

## Division of Corporations 10/7/22, 12:17 PM

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From:

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COUNTRYSIDE GRACE LLC

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## **COVER LETTER**

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Registration Section TO: Division of Corporations COUNTRYSIDE GRACE LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: LOVETTE DOBSON Name of Person Firm/Company 17350 STATE HWY 249 STE 220 Address HOUSTON, TX 77064 City/State and Zip Code EFFLET234@INCFFLE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 8884623453 LOVETTE DÓBSON Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, □ \$55.00 Filing Fee & [] \$30.00 Filing Fee & S25,00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (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

(((H22000345044.31))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COUNTRYSIDI	E GRACE LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records. Liability Company)	)	
The Articles of Organization for this Limited Liability Company  Torida document number 1.22000368495		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."	
Inter new principal offices address, if applicable:	1150 Nw 72nd Ave Tower I Ste 455 #7937		
Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33126		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BON)	1150 Nw 72nd Ave Tower I Ste Miami, FL 33126		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new regis	
Name of New Registered Agent:	<u> </u>		
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address	4 29 LURIBA	
	Enter Florida street address , Flor	2 <b>9</b>	

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:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	ELISHA A WILLIS	1150 Nw 72nd Ave Tower I Stc 455	□Add
		Miami, FL 33126	□Remove
AMBR	JESSICA M WILLIS	1150 Nw 72nd Ave Tower I Ste 455	
		Miami, FL 33126	□Remove
			□ Change
			□Add
			□Remove
		f)Change	
			□Add
			□Remove
			Change
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Effective date, if other than the office the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot ck does not meet the	applicable stat	filing or more than utory filing requ	option 190 days after fil irements, this d	ing.) Pursuant to 60	5,0207 (. led as th
e record specifies a delayed effective rd is filed.	date, but not an effe	ective time, at 1	2:01 a.m. on the	earlier of: (b)	The 90th day afte	n the
Dated OCTOBER 07	. 2022	<u>.</u>				
	Signature of a member	Ca A or authorized rei	willis	ember		
		essica M Willis or printed name				

Filing Fee: \$25.00