

L22000501171

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

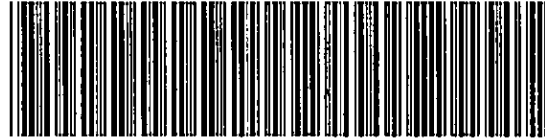
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INNOCENT GRACE, LLC

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:

PAULA A. BLACK

Name of Person

INNOCENT GRACE, LLC

Firm/Company

417 FLORIDA AVENUE SOUTH

Address

LAKELAND, FL 33801

City/State and Zip Code

INNOCENTGRACE@MYYAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULA A. BLACK

352

422-2505

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed 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)

☐ \$60.00 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
OF**

INNOCENT GRACE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 29, 2022 and assigned
Florida document number L22000501171.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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 ADDRESS)

417 FLORIDA AVENUE SOUTH

LAKELAND, FL 33801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

417 FLORIDA AVENUE SOUTH

LAKELAND, FL 33801

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MASTERY TEAM MAC, LLC

New Registered Office Address:

417 FLORIDA AVENUE SOUTH

Enter Florida street address

LAKELAND

City

Florida 33801

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.

Mastery Team Mac, LLC
Paula G. Block Mgr

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>	<u>Address</u>	<u>Type of Action</u>
MGR	MASTERY TEAM MAC. LLC	417 FLORIDA AVENUE SOUTH	<input checked="" type="checkbox"/> Add
		LAKELAND, FL 33801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PAULA A. BLACK	93 EAST HAMPTON DRIVE	<input type="checkbox"/> Add
		AUBURNDALE, FL 33823	<input checked="" type="checkbox"/> Remove
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Typed or printed name of signee