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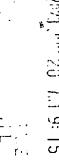
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: Gra	ce Brown Name of Lim	Properties LC	<u>-</u>		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	Rache	Name of Person			
	Grace S	Brown Propert	ies		
	1141 Oak	ridge TV 1 Address			
	Canton	Nen F E L 3 City/State and Zip Code	2533		
	9 race brow E-mail address: (	to be used for future annual report notif	Damail (	on ~	;
For further information co	ncerning this matter, please c				.i .: .;
Rachel Bo	(U)~A	at (_\{\sigma \sigma \) Area Code Daytime	0152	. 20	う
Name of	Person	Area Code Daytime	Telephone Number		-,
				172	 .:
Enclosed is a check for the	following amount:			127	۱ ل
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		of Status &	
Mailing Address Registration So Division of Co P.O. Box 6327	ection opporations	Street Address: Registration Sec Division of Corp The Centre of T	porations allahassee		
Tallahassee, F	L 32314	2415 N. Monroe	Street, Suite 810	i	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grace Brown Pro  (Name of the Limited Liability Comp  (A Florida Limited	oper + res Luc any as it now appears on our red Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab $\bigwedge   \bigwedge  $		
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	-N/A	7
Enter new mailing address, if applicable:		: · · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	<u> AllA</u>	- i 
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street ad	dress
		. Florida
New Registered Agent's Signature, if changing Registered Agent	City ::	Zip Code
I hereby accept the appointment as registered agent and agi provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	– ree to act in this capacity. I e performance of my duties provided for in Chapter 60	s, and I am familiar with and 95, F.S. Or, if this document is

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	<u>Name</u>	Address	Type of Action
AMBR	Keith A Brown	1141 Dak ridge +11	□Add
		Cantonment FL 305	3 oxRemove
			□Change
AMBR	Christopher Jones	CONTRACTOR BORGO	all (Add)
		751 Pensacola Beach BLV,	TR-2
		Cruif Breeze, FL 32561	□Change
		<del></del>	□Add
			□Remove
		<del></del>	Change
			□Aḍd, □
			□Remove
			[ Chample
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			□ Change

i amending an	y other information, enter change(s) here: (Attach additional sheets, if n	ecessary.)	
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ffective date, i	of other than the date of filing:	ptional) fler (ilipe ) Pursuant t	a 605 02
ote: If the date	inserted in this block does not meet the applicable statutory filing requirements, tive date on the Department of State's records.	this date will not be	e listed
	·		
record specifies is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of	:(b) The 90th day	after th
nted	·		7.3
	Rochal a Ram	: .	د. س
	Signature of a member or authorized representative of a member	<del>-</del>	_ ?( .:.
	Rachel Barre		0
	Typed or printed name of signee	- 1, -	<del>ن</del> ة 
			• •

Filing Fee: \$25.00