L3300059791

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2023 SEP -8 PM 3: 24
SECRETARY OF STATI

Y. SCOTT SEP - 9 2023



August 19, 2023

CATELYN M. BRUNER 410 JOSEPH CIRCLE PANAMA CITY, FL 32409

SUBJECT: GRACIELOU&CO. LLC

Ref. Number: L23000059791

We have received your document for GRACIELOU&CO. LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6053.

Letter Number: 123A00019215

Yvette Scott Supervisor

www.sunbiz.org

COVER LETTER

Bivision of Co		4	4	ÿ -
SUBJECT;	Gracie Lou & Name of Limit	Co LLC ited Liability Company	· :	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Cately	M. Brunk Name of Person	^	
		Firm Company		
	<u>410 Jose</u>	ph Circle		2027
	Panama Ci	H FLOW dq City State and Zip Code	3240 E	2023 SEP -8
	E-mail address: 0	DYUNIT41UF @ 9MUI- to be used for future annual report not		PM 3: 24
For further information of	concerning this matter, please co	all:		: 24
<u>Catelyn</u>	M-Bruner of Person	at (<u>850</u>) <u>348-0</u> Area Code Daytin	A70 ne Telephone Number	_
inclosed is a check for t	he following amount:			
X2 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop cadditional copy	f Status & - py
Mailing Addre Registration	Section	Street Address: Registration Se		
Division of C P.O. Box 631	•	Division of Co The Centre of 1		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

AKTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp	any as it now appears on our record Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Company Florida document number	ما بيا م	023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial		
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2023 SEP -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		R PH 3: 25
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>ente</u>	r the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	are.
	, F	Florida 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 t 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 addeor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	, -	Evpe of Action
				_ DAdd
				_ IRemove
				_ TChange
				_ TAdd
				_ TRemove
				_ 🗆 Change
			2023 S SECR TAL	_ 🗆 Add
			2023 SEP -8 PM 3: 25 SECRETARY OF STATE TALLAHASSEE. FL	_ ERemove _ Ochange
			3: 25 STATE E. FL	_ = Add
				_ □Remove
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Tective date, if other than the date of filing:	(option	al)
an effective date is listed, the date must be specific and cannot be prior to date of total. If the date inserted in this block does not meet the applicable status ocument's effective date on the Department of State's records.	filing or more than 90 days after to tory filing requirements, this c	ling.) Pursuant to 605. late will not be liste
e record specifies a delayed effective date, but not an efforthe 90th day after the record is filed.	ective time, at 12:01 a	m. on the earlie
ated August 27. 2023.		
$$ $\Omega \Omega$		

Page 3 of 3

Filing Fee: \$25.00