## 24000014572

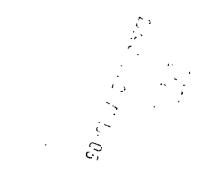
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:

TO: Registration of	on Section   Corporations		
SUBJECT: Dispe	ensing Graces LLC		
	Name of I	Limited Liability Company	<del> </del>
The enclosed Article	es of Amendment and fee(s) are s	submitted for filing.	
Please return all cor	respondence concerning this mat	ter to the following:	
	Chiquita Grace		
		Name of Person	<del>.</del>
	Dispensing Graces	s LLC	
		Firm/Company	<del></del>
	7901 4th St N STE	300	
		Address	
	St. Petersburg, Flo	orida 33702	
		City/State and Zip Code	·
	admin@dispensing		
For further informati	E-mail address ion concerning this matter, please	s: (to be used for future annual report note e call:	fication)
Chiquita Grace		at (305 ) 988-0841	
Na	me of Person	Area Code Daytim	e Telephone Number
Enclosed is a check t	for the following amount:		
S25.00 Filing Fe	ce S30.00 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)
<u>Mailing Ad</u> Registrati	dress: on Section	<u>Street Address:</u> Registration Se	ction
Division of Corporations P.O. Box 6327		Division of Cor	porations
	6327 ce, FL 32314	The Centre of T 2415 N. Monro	allahassee e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dispensing Graces LLC				-
(Name of the Limi	ted Liability Compan (A Florida Limited Lia	y as it now appears of ability Company)	n our records.)	
The Articles of Organization for this Limited L. Horida document number L24000014572. This amendment is submitted to amend the following the control of the	·	vere filed on 01/04	4/2024	and assigned
If amending name, enter the new name o	C	ity company here:	:	J 05
he new name must be distinguishable and contain the v	words "Limited Liability	y Company." the desig	gnation "LLC" or the abb	previation "L.L.C."
Inter new principal offices address, if applic	cable:	7901 4th St N :	STE 300, St. Pet	ersburg, FL 337
Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	7901 4th St N :	STE 300, St. Pete	ersburg, FL 337
. If amending the registered agent and/or t gent and/or the new registered office addre	ss here:		rds, <u>enter the name</u>	of the new registe
Name of New Registered Agent:	Registered A	gents Inc.		
New Registered Office Address:	7901 4th St N			
		Enter Florida		
	St. Petersburg	<del></del>	, Florida <u>33</u> 7	′02
		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 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>	Name	Address	Type of Action
AMBR	Chiquita Grace	7901 4th St N STE 300, St. Petersburg,	, <b>F</b> □Add
			□Remove
<del></del>			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
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			□ cv

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an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the list filed.  ated June 19  2024						
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Chiquite Grave Signature of a member or authorized representative of a member	ated June 19	202	<u>?4</u>			
- Organise of a memory of authorized representative of a member	Chiquite Ghave	Signature of a member	or authorized representation	ontaling of a manik		
	-	Signature of a meaning	authorized repress	maire or a meanner		

Filing Fee: \$25.00