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COVER LETTER

TO: Registration So Division of Cor				
Janella Grad	æ.Go LL.C			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter	-		
	Lawrence Haber			
		Name of Person		
	Law Offices of Lawrence	H. Haber, P.A.		
		Firm/Company		
	15 Escondido Court Suite	138		
		Address		
	Altamonte Springs, FL 32	701		
		City/State and Zip Code		
	lawrencehaber@gmail.com		****	
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	ofication)	
Janella Laaksonen		978 2898818 at ()		
Name o	i Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he 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		Street Address:	vation	
Registration Section Division of Corporations		_	Registration Section Division of Corporations	
P.O. Box 632	27	The Centre of	Tallahassee	
Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JanellaGrace,Go LLC		
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on March 18, 2024	and assigned
Florida document number 1.24000133882		
this amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabil	lity company here:	
anellaGrace.Co LLC		
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or th	e abbreviation "L.L.C."
Inter new principal offices address, if applicable:	***	
Principal office address MUST BE A STREET ADDRESS)		
		202 TA
		2021 APR
Inter new mailing address, if applicable:		70
Mailing address MAY BE A POST OFFICE BOX)		7
		
		9.0
 If amending the registered agent and/or registered office acgent and/or the new registered office address here: 	ddress on our records, <u>enter the n</u>	ame of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zin 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 = Mar AMBR = Aut	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

______ □Add

Remove

_____ Change

□Remove

______ □Add

Page 2 of 3

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Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	3.26.2024
	Signature of a member or authorized representative of a member
	Lawrence H Haber

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