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T I L L D

COVER LETTER

TO:

Registration Section

Division of Corporations			
GOLOPE	0.500	EE IIC	
SUBJECT: <u>OKACEHO</u>	Name of Limited	Liability Company	<u></u>
		, , ,	
The enclosed Articles of Amendment and	Ufects) are submitte	ed for filing.	
Please return all correspondence concern	ing this matter to th	ne following.	
Je	ssica (Strekw Name of Person	
Gro	cetil (Firm/Company	
4390) Palis	sades ave	
fort	h Port	FL 3428 -	
grace	:-mail address to be	e. 1/c@ mail.	cation)
For further information concerning this n	natter, please call		
Jessica Stre	lkov	at <u>P141_)303 -</u> Area CodeDaytine	-3495 Telephone Number
Enclosed is a check for the following am	ount:		
\$25 00 Filing Fee	ling Fee & L ne of Status	2 \$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		Street Address: Registration Sect Division of Corp The Centre of Ta	orations Hahassee
Tallahassee, FL 32314		2412 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRACEFUL COFF	FEE ILC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company	were filed on 03/9/0004 and assigned
Florida document number (2400) 13494.1	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili	ny Company," the designation "E.E.C" or the abbreviation "E.E.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2024
Enter new mailing address, if applicable:	23 MAS
(Mailing address MAY BE A POST OFFICE BOX)	H 250
	2: 57 2: 57 FL
B. If amending the registered agent and/or registered office a	iddress on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent.	
New Registered Office Address	
	Enter Florida street address
·	, Florida
Nau Denistaral Anance Claustone (Cabanatan Datan L	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
Thereby accept the appointment as registered agent and agre-	'e 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jessica Strelka	4390 Palisades ave	XiAdd
		North Bol, FL 34087	Remove
			Cl Change
			□Add
			DRemove
			□Change
			🗆 Add
			[]Remove
			[] Change
			□Add
			□Remove
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			🗀 Remove
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ote: If the	ate, if other than t date is listed, the date r e date inserted in this effective date on the	ablock does not	meet the appl	icable statutory	g or more than 9 y liling require	(optiona) O days after film ements, this dat) g) Pursuant to 605 0, e will not be listed
record spe I is filed.	cifies a delayed effec	ctive date, but no	at an effective	time, at 12 01	a.m. on the ea	irber of) (b) = 1	he 90th day after t
ated	05-21-2	2024	· <u> </u>	<u> </u>			
				<i>)</i>			
-		Signature of	t member or au	Niorized represen	ntative of a men	iber	

Filing Fee: \$25.00