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COVER LETTER

TO: Registration Son Division of Co			
SUDJECT.	Amazing Grace Cod	ding & Consulting LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Breonna L. Membreno		
		Name of Person	<u></u>
	Amazing Grace Coding &	Consulting LLC	
		Firm/Company	s
	850 Zeek Ridge Court		2024 SEP 12 PH 3: 4: SECRETARY SEE FI
		Address	12
	Clermont, Florida 34715		50 PH
	- 1	City/State and Zip Code	F
	bymembreno@gmail.com		
		to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c	all:	
Breonna Membreno		585 298-0129 at ()	
Name o	f Person		: 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 Addres		Street Address: Registration Sec	tion
Registration Section Division of Corporations		Division of Corp	
P.O. Box 6327		The Centre of Ta	allahassee
Tallahassee, FL 32314		2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Amazing Grace Coding	g & Consulting LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on <u>08/23/2024</u>	and assigned
Florida document number L24000371318		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
		TACE TO THE
Enter new mailing address, if applicable:		72
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
•		
B. If amending the registered agent and/or registered office	address on our records, <u>enter</u>	the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		 -
	Enter Florida street addres	ss .
		orida
	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 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ERVIN Y MEMBRENO MORA		_ □Add
		850 ZEEK RIDGE COURT CLERMONT, FL. 34715	
		 	_ Change
			□Add
			_ □Remove
		SECRETAR	Change SET Add
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ective date, if other than the date a effective date is listed, the date must be stee. If the date inserted in this block of the date in the Depart	loes not meet the applic	able statutory filing r	(option than 90 days after fil equirements, this d	al) ing.) Pursuant to 605 ate will not be liste	5.020° ed as
cord specifies a delayed effective dat s filed.	e. but not an effective ti	me, at 12:01 a.m. on	the earlier of: (b)	The 90th day after	r the
Friday, September 6th	. 2024	·			
	ature of a member or author	monda			
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Filing Fee: \$25.00