Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000026409 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 : (844)449-3624 Phone Fax Number : (512)597-0678

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GRACIE AND ELLA SERVICES LLC

Certificate of Status	0
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Page Count	04
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To: Page: 2 of 4

## 2025-01-24 04:14:00 UTC+14

18506176383

From: ZenBusiness User

#### ARTICLES OF AMENDMENT

TO

# H25000026409 3

# ARTICLES OF ORGANIZATION OF

GRACIE AND ELLA SERVICES LLC			
( <u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.)  oility Company)		
The Articles of Organization for this Limited Liability Company we	and assigned		
Florida document number L24000476815			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
-			
	,	·•	
Enter new mailing address, if applicable:		·•'	
(Muiling address MAY BE A POST OFFICE BOX)		<u> </u>	
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B. If amending the registered agent and/or registered office add	tuana an ann manaida antam tha m	: (\) \(\dot{\dot}_{\dot}\)	
agent and/or the new registered affice address here:	iress on our records, <u>enter the n</u>	ame of the new registered	
	-		
Name of New Registered Agent:		. 24	
		<u> </u>	
New Registered Office Address:	Enter Florida street address		
	, Florida	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

To: Page: 3 of 4 2025-01-24 04:14:00 UTC+14 18506176383 From: ZenBusiness User in amending Authorized rerson(s) authorized to manage, enter the time, name, and address of each person being added

or removed from our records:

MGR = Manager AMBR = Authorized Member

# H25000026409 3

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Monique Syrese Bell	7125 Bentley Road	[]Add
		100	
		Jacksonville, 14. 32256-7578	<b>■</b> Change
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Effective date, if other than the d (If an effective date is listed, the date must) Note: If the date inserted in this blood document's effective date on the Dep	ate of filing:
ne record specifies a delayed effective ord is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
Dated	. 2025
/s/ Monique Syrese B	ell
/s/ Monique Syrese B	ell ignature of a member or authorized representative of a member

H25000026409 3

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