# L02000001385

(Re	equestor's Name)	_		
(Ad	dress)			
———(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



500187338035

11/04/10--01015--008 \*\*25.00

10 NOV -4 AN II: 21
SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

NOV - 5.2010

**EXAMINER** 

### **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	Grayton	Corners, L.L.C.		
•	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
		Terry Ooten		
•		Name of Person		
Grayton Corners, L.L.C.				
		Firm/Company		
6420 Thomasville Road		SECRETARY OF STA		
		Address		
	. Т	allahassee, FL 32312	SSS - TH	
		City/State and Zip Code		
		erry@trademark.net	FLO STR	
	- ***	to be used for future annual report not	ification)	
For further information	concerning this matter, please of	call:	₹	
	Terry Ooten	at (_850_)	545-4554	
Name	of Person	Area Code & Daytii	me Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status &  Certified Copy (additional copy is enclosed)	

#### MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liab Florida document number L02000013				
Florida document number 1 020000013	pility Company were filed on	01/17/2002	and assigned	
Florida document number				
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability company her	<u>e</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	ny," the designation "l	LLC" or the abbreviatio	
Enter new principal offices address, if applicat	ole:		ALEC S	
(Principal office address MUST BE A STREET	ADDRESS)		AHASS	
Enter new mailing address, if applicable:			E. FLO	
(Mailing address MAY BE A POST OFFICE Bo	<u> </u>		RIPE	
B. If amending the registered agent and/or registered agent and/or the new registered office.  Name of New Registered Agent:		our records, enter (	the name of the nev	
	0070 Danis ( 0 0 0 )			
New Registered Office Address:	Enter Florida street address			
	Tallahassee	, Florida	32308	
	City		Zip Code	
New Registered Agent's Signature, if changing Re	gistered Agent:			

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I kereby confirm that the limited liability

company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action Title Address <u>Name</u> Steve Mattox MGR P.O. Box 4164 ✓ Add Tallahassee, FL 32315 Remove ☐ Add ☐ Remove ☐ Add ☐ Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00