L02000001385

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SECRETARY OF STATE OF CORFORATIONS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Gray ton Corners, L. L. C. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brittary Bown an
Trademark Development
1240 Thomasville Rd, Suite 200
Tallahasse, FL 32303 City/State and Zip Code
Brittany Otranemark, net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brittung Bowman at (850) 468-3933 Name of Person at (850) 468-3933 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ Certificate of Status \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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



May 4, 2011

BRITTANY BOWMAN TRADEMARK DEVELOPMENT 1240 THOMASVILLE ROAD, SUITE 200 TALLAHASSEE, FL 32303

SUBJECT: GRAYTON CORNERS, L.L.C.

Ref. Number: L02000001385

We have received your document for GRAYTON CORNERS, L.L.C.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 511A00010811

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATION

Zip Code

	Birling (II)
Granton Cor	ners, L.L.C.
(Name of the Limited List	pility Company as it now appears on our records.) ida Limited Liability Company)
(A Floi	ida Limited Elability Company)
The Articles of Organization for this Limited Liabili	ty Company were filed on 1/17/2002 and assigned
Florida document number LD2000013	585
Plorida document humber	<u> </u>
This amendment is submitted to amend the followin	g:
4 76 . Pro	No. 24 of 15 b 1844, common bones
A. If amending name, enter the new name of the	limited hability company nere:
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	Q
	egistered office address 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:	
Ton registered Other ragioss.	Enter Florida street address
	. Florida
	, FIGIUA

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

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 Title **Type of Action Name** Address Steve Mattox Remove ___ Add Remove Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00