

103000055167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

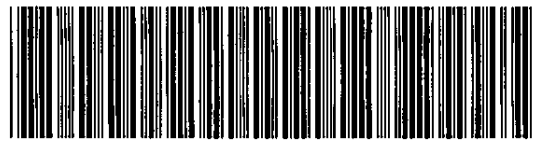
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Tschroeder
5/11/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jamey Grant, LLC

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:

James W. Grant

Name of Person

James Grant, LLC

Firm/Company

4926 Jasmine Drive

Address

Marianna, FL 32446

City/State and Zip Code

jwandygrant@embarqmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James W. Grant

850 526-8367
at ()

Name of Person

Area Code

Daytime 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 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
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

JAMES W. GRANT

State Certified Building Code Administrator (License BU1725 – active license)
State Certified Home Inspector (License HI6422 – active license)
State Certified Building Contractor (License CBC059916 – retired license)
State Licensed Electrical Contractor (License ER0005527 – retired license)
State Licensed Plumbing Contractor (License RF0043985 – retired license)
State Licensed Mechanical Contractor (License RM0030651 – retired license)
State Licensed Roofing Contractor (License RC0030644 – retired license)

4926 JASMINE DRIVE
MARIANNA, FLORIDA 32446
850-526-2346 office/fax
850-526-8367 cell
jwandigrant@embarqmail.com

April 27, 2015

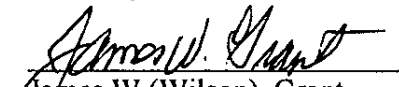
TO: Florida Department of State
Division of Corporations

SUBJECT: James Grant, LLC voluntary dissolution

My son James William Grant and I, James Wilson Grant, are submitting a request to change the name of Jamey Grant, LLC to James Grant, LLC. James Grant, LLC was voluntarily dissolved on April 24, 2015.

Please be advised that I have no intention of ever re-activating the James Grant, LLC, except that we desire to change the name of Jamey Grant, LLC to James Grant, LLC.

Sincerely,


James W (Wilson). Grant

April 27, 2015

TO: Florida Department of State
Division of Corporations

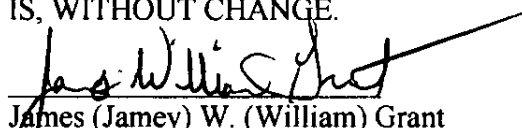
FROM: James (Jamey) W. (William) Grant
4926 Jasmine Drive
Marianna, FL 32446

SUBJECT: Change name of Jamey Grant, LLC, to James Grant, LLC.

With this letter, I/we are submitting a request to change the name of Jamey Grant, LLC, to James Grant, LLC.

I have no objection to, and further request that the name change be approved.

IT IS VERY IMPORTANT THAT THE L NUMBER, L03000055167, REMAIN AS IS, WITHOUT CHANGE.



James (Jamey) W. (William) Grant
4926 Jasmine Drive
Marianna, FL 32446

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Jamey Grant, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Dec. 15, 2003 and assigned
Florida document number L03000055167.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

James Grant, LLC

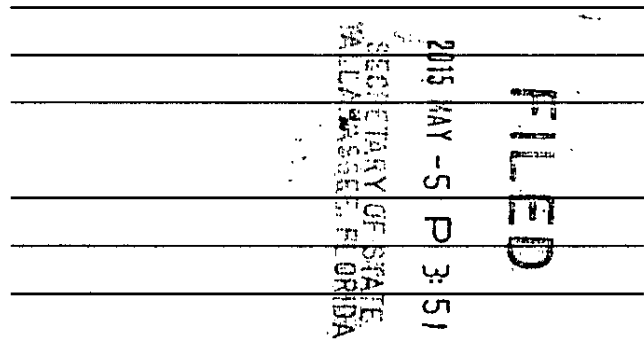
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)



B. If amending the registered agent and/or registered 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:

Enter Florida street address

Florida

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: May 10, 2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 28, 2015

James W. Grant
Signature of a member

Signature of a member or authorized representative of a member

James W. Grant

Typed or printed name of signee