

L04000028439

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 10 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GRANDE POINTE DEVELOPMENT, 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:

BARBARA J KELLEY

Name of Person

GRANDE POINTE DEVELOPMENT, LLC

Firm/Company

3311 GULF BREEZE PKWY #306

Address

GULF BREEZE, FL 32563

City/State and Zip Code

bjkelly1997@yahoo.com

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

For further information concerning this matter, please call:

BARBARA J KELLEY

Name of Person

at (**850**)

450-9056

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

12 SEP - 7 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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

GRANDE POINTE DEVELOPMENT, 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 FEBRUARY 24, 2004 and assigned Florida document number L04000028439.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and end with 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)

11275 EMERALD COAST PKWY #423

MIRAMAR BEACH, FL 32550

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11275 EMERALD COAST PKWY #423

MIRAMAR BEACH, FL 32550

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:

JOHN R GARDNER

New Registered Office Address:

11275 EMERALD COAST PKWY #423

Enter Florida street address

MIRAMAR BEACH

City

, Florida

32550

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 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.

John R. Gardner
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:

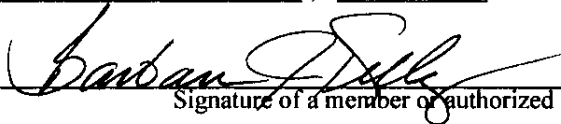
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MFRM	BARBARA J KELLEY	2830 MASTERS BLVD NAVARRE, FL 32566	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JOHN R GARDNER	11275 EMERALD COAST PKWY #423 MIRAMAR BEACH, FL 32550	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated SEPTEMBER 5, 2012



Signature of a member or authorized representative of a member

BARBARA J KELLEY

Typed or printed name of signee

12 SEP -7 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED