

LOS0000030082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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08 SEP -5 AM 10:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Galtman SEP -5 2008

Sep. 3. 2003 1:16PM

PRE OP REGISTRATION

No. 8627 P. 3/5

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Daily Grind 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:

Carson Sheaffer
(Name of Person)

The Daily Grind LLC
(Firm/Company)

615 N. Bonita Ave
(Address)

Panama City, FL 32401
(City/State and Zip Code)

For further information concerning this matter, please call:

Carson Sheaffer at (850) 960-9441
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2008

CARSON SHEAFFER
615 N. BONITA AVENUE
PANAMA CITY, FL 32401

SUBJECT: THE DAILY GRIND LLC
Ref. Number: W08000032959

Florida limited liability
2nd one down -
"Amendment"
also ask for refund
in amount of \$105

We have received your document for THE DAILY GRIND LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This name is already filed with the Dept. of State.(see printout).

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

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
Document Specialist

Letter Number: 208A00040933

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

FILED

08 SEP -5 AM 10:11

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/28/05 and assigned
Florida document number L05000030082

This amendment is submitted to amend the following:

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

The Daily Grind LLC

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**)

Bay Medical Hospital

615 N. Bonita Ave.

Panama City, FL, 32401

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. Box 432

Panama City, FL 32402

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:

Carson Sheaffer

New Registered Office Address:

615 N. Bonita Ave

(Enter Florida street address)

Panama City, Florida 32401

(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 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.

Carson Sheaffer

(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 | Name | Address | Type of Action |
|-------|-----------------|---|--|
| MGR | Carson Sheaffer | 318 James St. Apt D Callaway FL, 32404 | <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 |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

Dated Sept. 04, 2008

Carson Sheaffer

Signature of a member or authorized representative of a member

Carson Sheaffer

Typed or printed name of signee

FILED
08 SEP -5 AM 10:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA