

106000015561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

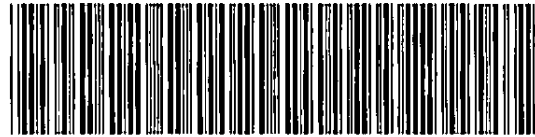
(Business Entity Name)

(Document Number)

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DIVISION OF REVENUE

O. SIMMONS

OCT 10 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Grendel 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:

Ryan CW Hall MD
Name of Person

Ryan CW Hall MD PA
Firm/Company

2500 West Lake Mary Blvd #219
Address

Lake Mary FL 32746
City/State and Zip Code

dr.rcwhall@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcia Chapman at (407) 322 5199
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

Grendel LLC

The Articles of Organization for this Limited Liability Company were filed on 2/13/2006 and assigned Florida document number LC6 000015561.

Page 1 of 3

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

Title	Name	Address	Type of Action
MGR	Richard CW Hall MD	2500 West Lake Mary Blvd	<input type="checkbox"/> Add
		#219	<input checked="" type="checkbox"/> Remove
		Lake Mary Fl 32746	<input type="checkbox"/> Change
MGR	Ryan CW Hall MD	2500 West Lake Mary Blvd	<input checked="" type="checkbox"/> Add
		#219	<input type="checkbox"/> Remove
		Lake Mary Fl 32746	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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INVESTIGATION

E. Effective date, if other than the date of filing: _____ (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

September 20, 2017

Apn CW of Hall MB

Signature of a member or authorized representative of a member

Ryan C. W. Hall MD
Typed or printed name of signee

Typed or printed name of signee