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08 HAY 19 PH 3: 45 SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. HAMPTON

MAY 2 0 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Brian Grasso, LCC (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:
Brign Grasso (Name of Person)
(Firm/Company)
3092 Gagee Street
(City/State and Zip Code)
For further information concerning this matter, please call:
Brian Grasso at (321) 508-9625 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed)\$\$ \$\ \text{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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

08 MAY 19 PH 3: 45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Zip Code)

(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  Florida document number 60600073508	were filed on	7-24-2000	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Comp	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:		<del></del>	
(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 off registered agent and/or the new registered office address here		our records, enter	the name of the new
Name of New Registered Agent:		<u> </u>	<u> </u>
New Registered Office Address:		Enter Florida street ad	dress)
		Elouida	

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 Type of Action <u>Title</u> <u>Address</u> <u>Name</u> SAMUEL 1. DAHL MGRM Add Add Remove ☐ Add Remove Add Remove Add 🗂 Remove ☐ 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

Brisis Grasso, Marm

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00