

L07000058216

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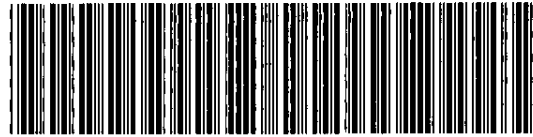
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EXAMINER



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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC -2 PM 5:02

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Lorin Graham, LLC  
Name of Limited Liability Company

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DIVISION OF CORPORATIONS  
11 DEC -2 PM 5:02

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Douglas Spencer

Name of Person

Lorin Graham, LLC

Firm/Company

2430 Vanderbilt Beach Road Suite 108 #175

Address

Naples, FL 34109

City/State and Zip Code

lorin@loringraham.com

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

For further information concerning this matter, please call:

Douglas Spencer

Name of Person

at ( 650 )

644.7612

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC -2 PM 3:02

Lorin Graham, 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 06/04/2007 and assigned  
Florida document number L07000058216.

This amendment is submitted to amend the following:

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

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)**

**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: Douglas Spencer

New Registered Office Address: 2430 Vanderbilt Beach Road Suite 108 #175

*Enter Florida street address*

Naples

, Florida

34109

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.*

  
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>
MGRM	Lorin Spencer	2430 Vanderbilt Beach Road Suite 108 #175 Naples, FL 34109	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	Douglas Spencer	2430 Vanderbilt Beach Road Suite 108 #175 Naples, FL 34109	<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 November 25, 2011

  
Signature of a member or authorized representative of a member  
Douglas Spencer  
Typed or printed name of signee