

W08000018198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAY 27 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Change NAME + MELS
Legends 41 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:

LISA D'ANGELO
(Name of Person)

GRANTY'S ATTIC LLC.
(Firm/Company)

2080 SHEEPS HEAD
(Address)

NAPLES FL 34102
(City/State and Zip Code)

For further information concerning this matter, please call:

LISA D'ANGELO at (239) 280-8455
(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

2000 MAY 23 AM 10:53
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LEGENDS II 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 2-20-08 and assigned
Florida document number L080000.18198

This amendment is submitted to amend the following:

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

GRANTY'S ATTIC 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)

2080 SHEEP HEAD DR.
2080
Naples FL 34102

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2080 SHEEP HEAD DR.
NAPLES FL 34102

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:

LISA D'ANGELO

New Registered Office Address:

2080 SHEEP HEAD DR

(Enter Florida street address)

Naples
(City)

Florida

34102
(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.

Lisa D'Angelo
(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 |
|-------|------|---------|----------------|
|-------|------|---------|----------------|

| | | | |
|------|------------|-----------------------------------|--|
| MGRM | DEEJA IHER | 1087 ALBANY CT NAPLES FL 34105 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
|------|------------|-----------------------------------|--|

| | | | |
|--|-----------|---------------------------------------|--|
| | (ADDRESS) | 8939 TAMiami TRAIL NAPLES FL 34108 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
|--|-----------|---------------------------------------|--|

| | | | |
|-----|-----------------|---------------------------------------|--|
| MGR | LISA L D'ANGELO | 2080 SHOPS HEAD DR NAPLES FL 34102 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
|-----|-----------------|---------------------------------------|--|

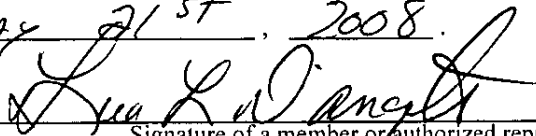
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Dated

MAY 21ST, 2008.



Signature of a member or authorized representative of a member

LISA L D'ANGELO

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2008 MAY 23 AM 10:53
Add
Remove
Add
Remove

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