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**EXAMINER** 



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## **COVER LETTER**

TO: ' Registration Section

Tallahassee, FL 32314

Division of Co	orporations					
SUBJECT:	Grant	Crafters LLC				
Name of Limited Liability Company						
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.				
Please return all corresp	condence concerning this matter	r to the following:				
	Susanne Wilde					
		Name of Person				
	Grant Crafters LLC Firm/Company					
1982 State Road 44, Suite 220						
Address						
New Smyrna Beach, FL 32168						
		City/State and Zip Code				
	<u> </u>	antcrafters@cfl.rr.com to be used for future annual report	notification)			
For further information	concerning this matter, please c	eall:				
Sı	usanne Wilde	at (_386 )	566-7332			
Name of Person		Area Code & Di	aytime 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 enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/CO Registration S Division of Co Clifton Buildi	orporations			

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited L</u> (A F	Grant Cra liability Compa lorida Limited I		s on our records.)		
The Articles of Organization for this Limited Liab Florida document number	were filed on	June 2, 2008	and assi	gned	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liab	oility company her	<u>e</u> :		
	N/A	١			,
The new name must be distinguishable and end with "L.L.C."	the words "Lim	ited Liability Compa	ny," the designation "LI	.C" or the a	bbreviation
Enter new principal offices address, if applicat	N/A		09.	SEC	
(Principal office address MUST BE A STREET			<u></u>	<u> </u>	
				٥	THE T
Enter new mailing address, if applicable:	N/A		위 유	CRP SI	
(Mailing address MAY BE A POST OFFICE B					
B. If amending the registered agent and/or registered agent and/or the new registered office.			our records, <u>enter th</u>	e name o	f the new
Name of New Registered Agent:	Susanne W	/ilde			
New Registered Office Address:	No Change		ter Florida street addro	ess	
		, Florida			
	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.

n 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 Susanne Inman ☐ Add ☑ Remove No change Susanne Wilde MGRM No change **✓** Add Remove ☐ Add Remove Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Name change due to divorce. October 29 2009 Dated \_\_\_\_ Signature of a member or authorized representative of a member Susanne Wilde Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00