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T. CLINE NOV - 2 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Grahame Homes L.L.C. 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:		
Noah F. Grahame Name of Person		
Firm/Company		
1325 N Bronough St		
Tallahassee F1 32303		
Noah grahame @ yahoo. Com		
For further information concerning this matter, please call:		
Name of Person at () Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy} \\ (additional copy is enclosed)\$\$ Certified Copy \\ (additional copy is enclosed)\$\$ Certified Copy \\ (additional copy is enclosed)\$\$		
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Pagistration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 12 MOV -2 PM 1: 18

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ARTICLES	OF AMENDMENT
	TO ≥:0
ARTICLES C	OF ORGANIZATION
	OF E P
Ghame Home Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company) mpany were filed on and assigned
The Articles of Organization for this Limited Liability Con	many were filed on
Florida document number <u>L08000113189</u>	
Florida document number	•
This amendment is submitted to amend the following:	
This amendment is submitted to amend the following.	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1325 N. Bronough St
(Principal office address MUST BE A STREET ADDRE	
	Tallahassey F 32303
	70-17-01-01-01-01-01-01-01-01-01-01-01-01-01-
Enter new mailing address, if applicable:	_
(Mailing address MAY BE A POST OFFICE BOX)	SAME AS PSINCIPAL
22.11.02.10.11.02.20.19	JAME !!
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on our records, enter the name of the new ess here:
Name of New Registered Agent:	
	25 N. Bronough St
New Registered Office Address: 13	Enter Floreda street address
10	01203
_ <i>[n</i>]	City Florida 3230 Zip Code
	4

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 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> **Address** Type of Action ☐ Add Remove Add Remove \Box Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Change Weah

32303 Dated Signature of a member or authorized representative of a member NOAH GRAHAMS
Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00