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TALLANDARE STATE

B. BOSTICK
DEC 27 2011
EXAMINER

COVÉR LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Grand Systems 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:	
Marcus J Schreier Name of Person	
Grand Systems UC	
1737 Fluorshire Dr Address	_
Branden FL 33511	
City/State and Zip Code WOCUSS Chales 33 @ Comail - Com E-mail address: (to be used for future annual report notification)	ALLANG
For further information concerning this matter, please call:	S N 12
Marcus T Schreier at (812) 763-5674 Name of Person Area Code & Daytime Telephone No.	音声 勾
Enclosed is a check for the following amount:	A
Certificate of Status Certified Copy Cert (additional copy is enclosed) Cert	0 Filing Fee, tificate of Status & tified Copy ditional copy is enclosed)
(A.	

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

(Name of the Limited Liability Cor	mpany as it now appears ted Liability Company)	on our records.)		_		
The Articles of Organization for this Limited Liability Comp Florida document number <u>LO9000 98605</u> .	• •	3/ I	ar	nd assig	gned	
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 "I.L.C."	Limited Liability Compan	y," the designation	ı "LLC" oı	r the abl	breviation	
Enter new principal offices address, if applicable:			74. 12.			
Principal office address MUST BE A STREET ADDRESS	<u></u>			130	11	
			Zi.	22	F. 27 77	
			<u> </u>	-0	7 2	
Enter new mailing address, if applicable:			77.0	===== (3)	7,770	
Mailing address MAY BE A POST OFFICE BOX)			22	رن		
			ĐΑ			
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address		ır records, <u>ente</u>	r the na	me of	the new	
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
	, 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.

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 Type of Action Name** <u>Address</u> Add 🔀 Remove Add Remove _ Add Remove ☐ Add Remove ___Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Schraer Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 12, 2011

MARCUS J. SCHREIER 1737 FLOORSHIRE DRIVE BRANDON, FL 33511

SUBJECT: GRARD SYSTEMS LLC Ref. Number: W11000061915

We have received your document for GRARD SYSTEMS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick Regulatory Specialist II

Letter Number: 511A00027653