159000518605

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s or Status
Special Instructions to	Filing Officer:	

G. MCLEOD

DEC 2 0 2012

EXAMINER



400242231134

-12/03/12--01043--008 **30.00

50

12 DEC 19 PM 12: 16
SLURENARY OF STATE
TALLAHASSEE, FLORINA

COVER LETTER

TO: Registration Division of C	Section Corporations	••	• `
SUBJECT:	Grand Systems	uc	
	Name of Limited Liabili		
The enclosed Articles	of Amendment and fee(s) are submitted for	filing.	
Please return all corres	spondence concerning this matter to the following	•	
	Marcus Sch Nam Chrounel sys	rcies	
	Nam	e of Person	
	Ground sys	ems UC	
	Firm	/Company	
	1737 Fluorshi	re Dr.	
		adress	
	Brandon, Fl	33511 e and Zip Code	
	E-mail address: (to be used fi	r 350 gmeil (om or future annual report notification	on)
For further informatio	n concerning this matter, please call:	, , , , , , , , , , , , , , , , , , ,	
Marcus	s Schroler at	(813) 763-56 Area Code & Daytime Tel	14 Indiana Number
Nam	le of Person	Area Code & Daytime Te	lepnone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	Certificate of Status Ce	00 Filing Fee & rtified Copy dditional 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

Chrowoll System	ns LLC	
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our re Liability Company)	<u>ecords.</u>)
The Articles of Organization for this Limited Liability Company Florida document number 4010009860.5	y were filed on 11 129/1	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and end with the words "Lim" L.L.C."	nited Liability Company," the des	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		12 TALL
(Principal office address MUST BE A STREET ADDRESS)		
	·	(A) A PROPERTY.
Enter new mailing address, if applicable:		PHI2
(Mailing address MAY BE A POST OFFICE BOX)	<u>:</u>	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he		ls, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
	I	Ftorida
	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>	Name	Address	Type of Action
MGR	Rich Fitzgrald	1737° Fluorshiro dr	Add
		Branden, FL 33511	Remove
<u>ngam</u>	Jaro Munau	1737 Fluoranice dr	Add
		Brandon FL 3351	Remove
MARM	Jasen Richie	[737 Fluorshire dr	Add
		Branden, FL 335/1	Remove
Mann.	Javiel Vasquez	1737 Fluorshire dr	🔀 Add
		Branelon, FC 3351)	Remove
			Add
			Remove
			Add
			Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	$v_{1}(\mathbf{u})_{2}$.
	Mencia Schrin
	Signature of a member or authorized representative of a member
	Signature of a memory of a memory
	Marcus John Schroter
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00