

L09000098605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

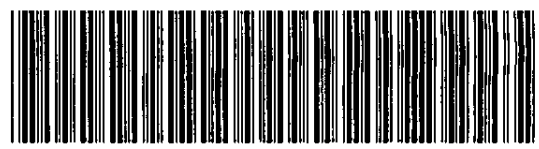
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

MAR - 7 2013
G. McLEOD



200245319472

03/04/13--01040--011 **30.00

FILED
13 MAR - 4 AM 11:55
STATE OF MISSISSIPPI

COVER 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 Schreier
Name of Person

Grand Systems LLC
Firm/Company

1737 Fluorshire Dr
Address

Brenden, FL 33511
City/State and Zip Code

MarcusSchreier23@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcus Schreier at (813) 763-5674
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Rich Fitzgerald	1737 Fluorshic Dr	<input type="checkbox"/> Add
		Branden FL 33511	<input checked="" type="checkbox"/> Remove
MGRM	Pedro Vasquet	1737 Fluorshic Dr	<input type="checkbox"/> Add
		Branden FL 33511	<input checked="" type="checkbox"/> Remove
MGRM	Jason Ritchie	1737 Fluorshic Dr	<input type="checkbox"/> Add
		Branden FL 33511	<input checked="" type="checkbox"/> Remove
MGRM	Javier Vasquet	1737 Fluorshic Dr	<input type="checkbox"/> Add
		Branden, FL 33511	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated 2/28/13

Marcus Schreier

Signature of a member or authorized representative of a member

Marcus Schreier

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00