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TALLAHASSEE. HEORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 23, 2017

LAW OFFICES OF J.E. GRAHAM, LLC JAMES E. GRAHAM 1065 E STATE RD 434, UNIT 195122 WINTER SPRINGS, FL 32719

SUBJECT: LAW OFFICES OF J.E. GRAHAM, LLC

Ref. Number: L09000106105

We have received your document for LAW OFFICES OF J.E. GRAHAM, 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):

The specific purpose of the entity must be set forth in the document.

Mr. Saly, for your help.

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) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 917A00001369

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FAX# 850) 245-6030

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

| TO: | | istration Secision of Cor | | • | |
|--------------|---------|---------------------------|--|---|--|
| elib ii | ecr. | | s of J.E. Graham, LLC | | |
| SUBJI | ECT: | | Name of Limi | ted Liability Company | |
| The en | closed | Articles of | Amendment and fee(s) are subr | nitted for filing. | |
| Please | return | all correspon | ndence concerning this matter t | to the following: | |
| | | | James E. Graham | | |
| | | | | Name of Person | • |
| | | | Law Offices of J.E. Grahar | n, PLLC | |
| | | | | Firm/Company | |
| | | | 1065 E. State Road 434, Ut | nit 195122 | |
| | | | | Address | <u> </u> |
| | | | Winter Springs, FL 32719 | | |
| | | | | City/State and Zip Code | |
| | | | jim@jegrahamlaw.com | | |
| | | , | E-mail address: (t | o be used for future annual report notifi | cation) |
| For fur | ther in | nformation co | oncerning this matter, please ca | 11: | |
| James | E. Gra | | | 352 817-6217 at () | |
| | | Name of | f Person | Area Code Daytime | Telephone Number |
| Enclos | ed is a | check for th | e following amount: | | |
| ■ \$2 | 5.00 F | iling Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional 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

2017 JAN 27 PM 5: 03
ALLAHASSFE STATE

Law Offices of J.E. Graham, LLC

company has been notified in writing of this change.

| (Name of the Lim | ited Liability Compai (A Florida Limited L | ny as it now appears on our liability Company) | records.) TAHASSEE. FLORIDA |
|---|---|---|--|
| The Articles of Organization for this Limited L Florida document number L09000106105 | Liability Company | were filed on | |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name of | of the limited liabi | lity company here: | |
| Law Offices of J.E. Graham, PLLC | | | |
| The new name must be distinguishable and contain the | words "Limited Liabil | ity Company," the designation | n "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | NO CHANGE | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | |
| | | | |
| Enter new mailing address, if applicable: | | NO CHANGE | |
| (Mailing address MAY BE A POST OFFICE | SBOX) | | |
| B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: | | | ecords, enter the name of the no |
| Name of New Registered Agent: | | | · |
| New Registered Office Address: | NO CHANGE | Enter Florida stree | 4 - 1 L |
| | • | Enter Floriaa stree | i aaaress |
| | | | , FloridaZip Code |
| | | City | Zip Code |
| New Registered Agent's Signature, if changing | Registered Agent: | | |
| I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the | per and complete sistered agent as p | performance of my due provided for in Chapter | ties, and I am familiar with and r 605, F.S. Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

2017 JAN 27 PM 5: 03 Type of Action

SECRETARY OF STATE Add

Add

Demove or removed from our records: MGR = Manager AMBR = Authorized Member **Title Address** <u>Name</u> NO CHANGES ☐ Remove ☐ Change _□ Add ☐ Remove □ Change _□ Add ☐ Remove _□ Change ☐ Add ☐ Remove _□ Change _□ Add ☐ Remove _ Change _□ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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| ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date o | filing or more than 90 days | optional) safter filing.) Pursua | nt to 605.0207 (3)(b) |
| e: If the date inserted in this block does not meet the applicable statement's effective date on the Department of State's records. | story filing requirement | s, this date will no | t be listed as the |
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| record specifies a delayed effective date, but not an ef | ective time, at 12: | 01 a.m. on the | e earlier of: |
| ne 90th day after the record is filed. | | | |
| JANUARY 29 2017 | | | |
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| and Laham | | | |
| Signature of a member or authorized rep | resentative of a member | | |

Page 3 of 3

Filing Fee: \$25.00