

L10000011313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

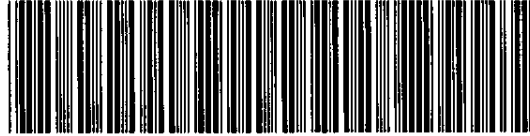
(Business Entity Name)

(Document Number)

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15 JAN -5 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Richard Arzillo 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:

Gretchen Arzillo
Name of Person
Richard Arzillo LLC
Firm/Company
3672 Covington Ln
Address
Lakeland, FL 33810
City/State and Zip Code
richard.arzillo@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Arzillo at (352) 428-8478
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing 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**

Richard Arzillo LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/01/2010 and assigned Florida document number L10000011313

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Grand Oak Capital, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3672 Covington Ln

(Principal office address MUST BE A STREET ADDRESS)

Lakeland, FL 33810

Enter new mailing address, if applicable:

3672 Covington Ln

(Mailing address MAY BE A POST OFFICE BOX)

Lakeland, FL 33810

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Gretchen Arzillo

New Registered Office Address:

3672 Covington Ln

Enter Florida street address

Lakeland

City

Florida

33810

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 605, 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

SECRETARY OF STATE
ALLAHASSEE, FLORIDA
15 JAN - 5 PM 2:00

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Richard Arzillo	3935 Rollingsford Cir	<input type="checkbox"/> Add
		Lakeland, FL 33810	<input checked="" type="checkbox"/> Remove
AMBR	Gretchen Arzillo	3672 Covington Ln	<input checked="" type="checkbox"/> Add
		Lakeland, FL 33810	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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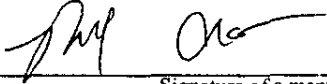
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 30 , 2014



Signature of a member or authorized representative of a member

Richard Arzillo

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA