# L10000041404

(Reque	stor's Name)	<u> </u>
(Addre	<b>3</b> 5)	
(Addre	ss)	
(City/SI	tate/Zip/Phone i	<del>#</del> )
PICK-UP	] WAIT	MAIL
(Busine	ess Entity Name	<u></u>
,	•	•
(Docun	nent Number)	
. Certified Copies	Certificates o	of Status
Special Instructions to Filing Officer:		
·		

Office Use Only



900181561269

06/18/10--01036--001 \*\*60.00



S. HAWKES

JUN 2 1 2010

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corpor	on ations		•		
~ SUBJE	CCT:	Erentals	LLC ted Liability Company	•		
	•	vame of Elmi	ted Liability Company	•		
The end	closed Articles of Am	endment and fee(s) are sub	omitted for filing.	,		
Please 1	eturn all corresponde	nce concerning this matter	to the following:			
			Peler Voy	at_		
			Name of Person	ð .		
	•	Priori	ity one Peal Firm/Company	ty Group		
	-	Po bo	4 95 087=	<del>}</del>		
	- -	•	City/State and Zip Code  Ruh 4 Proposed for future annual		1-0877	
For furt	her information conc	erning this matter, please c				
	Name of Pe	rson	at () Area Code	e & Daytime Telepl	none Number	
Enclose	ed is a check for the fo	ollowing amount:			,	
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Ceptified Copy additional copy	& [	\$60.00 Filing Fee, Certificate of Status & Certified Copy . (additional copy is enclosed)	sed)
		•			(additional copy is ellelos	Juj

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 Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 4/19/2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah	CARL TANK
Principa and	Management Grand I LC
Pmonity One The new name must be distinguishable and end with the words "Lim" L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	960 Newcastle Cir Apt 104
(Principal office address MUST BE A STREET ADDRESS)	Lake Mary FL 32746
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	POBOX 950877 Lake Mary FL 32795-087=
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	eter. Voigt
New Registered Office Address:	62 Newcastle Cir Apt 104  Enter Florida street address
_ Lake	E MOUY , Florida 32795-0877  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
	•		
			Add Remove
•	•		
			Remove
·			
			PRemove
			99
	<u> </u>		Add
			Remove
	•		
_ <del>_</del> _			Add Remove
			•
			Add
			Remove
		***************************************	
D. If an	nending any other information, enter	change(s) here: (Attach additional sheets, if	necessary.)
•		·	
	1		
	•		
	÷		
•			<del></del>
		<u> </u>	
Dated _	·		
		The state of the s	
*	Signature of a	member of authorized representative of a member	7
		Peter Voiat	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00