# L10000062935

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



600249821126

08/16/13--01015--014 \*\*25.00

SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Se Division of Cor		**************************************	÷	
SUBJECT:	Proponet, L	LC		
•	Name of Limite	ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.		
Please return all correspo	ndence concerning this matter t	to the following:		
	Shanna	Kurne		
		Name of Person		
	Proponet	Firm/Company	<del></del>	
	19245 B	lount Rd		
	Lutz, 71	City/State and Zip Code	***************************************	
	Shanna @ E-mail address: (to	thin Karasp. Co	Om on)	
For further information c	oncerning this matter, please ca	li:		
Shanna name o	Kurpe Person	at (8/3) 435-5 Area Code & Daytime Te	662 Dephone 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	

### **MAILING ADDRESS:**

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

(additional copy is enclosed)

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 19, 2013

SHANNA KURPE 19245 BLOUNT ROAD LUTZ, FL 33558

SUBJECT: GRASP, LLC Ref. Number: W13000046122

We have received your document for GRASP, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 513A00019766

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2013 AUG 30 AM 11: 13

Propone + LLC	SECRE T <b>a</b> leat	TARY OF STATE HASSEEL FLORIDA
(Namle of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records, bility Company)	- COMPA
The Articles of Organization for this Limited Liability Company v		O and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and end with the words "Limite" L.L.C."	Ventures LLC d Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	Same	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	Same	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		the name of the new
Name of New Registered Agent:	5ane .	
New Registered Office Address:	Enter Florida street aa	ldress
<del></del>	, Florida _	
	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 = Ma MGRM = N	nnager Managing Member	•	
<u>Title</u>	<u>Name</u>	Address  NA	Type of Action  Add  Remove
	<del></del>		Add Remove
			<u> </u>

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dat	red August 27, 2013.
	Shamakupe
	Signature of a member or authorized representative of a member
	Shanna Kurpe
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

PILEU
2013 NUG 30 MI 11: 14
SECRETARY OF STATE
FALLAMASSEE, FLORIDA