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(F	Requestor's Name)	
(A	ddress)	
A)	address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of S	Status
Special Instructions to	o Filing Officer:	

Office Use Only



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JAN 1 9 2016 S. YOUNG

COVER LETTER

Division of Cor			
SUBJECT:	Name of Lim	ited Liability Company	Gray, LC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Grace	Rame of Person	
	Jamesine	Management Firm/Company	Good
	1250 Cs	Portral Book	<u> </u>
	Souta	City/State and Zip Code	
	· 2	to be used for future annual report no	
For further information of	oncerning this matter, please ca	all:	اب خز
Name o	f Person	at (400) 268 Area Code Daytin	me Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now a (A) Florida Limited Liability Comp	appears on our records.)
The Articles of Organization for this Limited Liability Company were filed of Florida document number	on 5-6-2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	s submitted to amend the following: name, enter the new name of the limited liability company here: distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." pal offices address, if applicable: didress MUST BE A STREET ADDRESS) g address, if applicable: MAY BE A POST OFFICE BOX) the registered agent and/or registered office address on our records, enter the name of the new and/or the new registered office address here: New Registered Agent:
The new name must be distinguishable and contain the words "Limited Liability Company,	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5 P 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
B. If amending the registered agent and/or registered office addre registered agent and/or the new registered office address here:	ss on our records, <u>enter the name of the nev</u>
Name of New Registered Agent:	
New Registered Office Address: Ent	er Florida street address
	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member .

Title	<u>Name</u>	Address	Type of Action
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	<u> </u>	35
effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or mor e: If the date inserted in this block does not meet the applicable statutory filing ument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective ting the 90th day after the record is filed.	ne, at 12:01 a.m. on th	e earlie
ed 1-12 . 2016.		

Page 3 of 3

Filing Fee: \$25.00