11000/34610

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cid	ry/State/Zip/Phone	e #)
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2011 DEC 15 AM II: 23
SECRETARY OF STATE

J. BRYAN

DEC 16 2011

EXAMINER

COVER LETTER

10:	Division of Co		!	
SUBJE	·CT·	GRATI	A PASSION, LLC	
SUBJE			mited Liability Company	
The end	closed Articles of	Amendment and fee(s) are s	ubmitted for filing.	
Please r	return all corresp	ondence concerning this matt	er to the following:	
		·		
			DANIEL BARRES	
			Name of Person	7. 2
			BRATIA PASSION, LLC	2011 DEC 15 MM11: 23 SECRETARY OF STATE TALLAHASSEE, FLORID
			Firm/Company	
		1105.0	ape Coral Parkway E, Suite C	DEC 15 AM
			Address	
			Cons Corel Florida 220	LOST II.
			Cape Coral, Florida 339 City/State and Zip Code	
			dawn@assetquest.com	
			: (to be used for future annual report notification)	_
For furt	her information of	concerning this matter, please	e call:	
	DAN	NEL BARRES	at (239) 541-8448	
	Name (of Person	Area Code & Daytime Telephone N	umber
		!		
Enclose	ed is a check for t	he following amount:		
√ \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, tificate of Status & tified Copy ditional copy is enclosed)
	Regista Divisio P.O. B	JNG ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G	RATIA PAS	SION, LLC			
Name of the Limited	Llability Company Florida Limited Lia	as it now appears on o	ur records.)	-	
R)	riorida Ellinted Ela	omy company)			
The Articles of Organization for this Limited Lia	bility Company v	vere filed on Noven	nber 29, 2011	and assigned	d
Florida document number L11000134	1				
Florida document number					
	1.				
This amendment is submitted to amend the follo	wing:	•		•	
A. If amending name, enter the new name of	the limited liabil	ity company here:			
	i	•			
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Company," th	ne designation "L	LC" or the abbrev	viation
				٦. ٢	
Enter new principal offices address, if applica		·		ASE =	
(Principal office address MUST BE A STREE	(ADDRESS)	•		물을 물	
	!			5 7	
		•		SEE 5	T
Enter new mailing address, if applicable:				四 至	
(Mailing address MAY BE A POST OFFICE I	BOX			LOT I	
Transing war ess that Data Coll 1001				경류 23	
				<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered of	r registered offi ice address here	ce address on our re	ecords, <u>enter t</u>	he name of the	<u>e new</u>
Name of New Registered Agent:	MIKO GUND	ERSON			
	19/01 Murde	ock Circle Suite C			
New Registered Office Address:	18401 Murdock Circle, Suite C Enter Florida street address				
	_				
	Por	t Charlotte	, Florida	33948	
•		City		Zip Code	
New Registered Agent's Signature, if changing R	egistered Agent:				••
I hereby accept the appointment as registered	 agent and agre	e to act in this capacij) I further/pgr	ee to comply w	rith
the provisions of all statutes relative to the pr	oper and comple	ete performance of my	duties, ght I a	m familiar with	n and
accept the obligations of my position as regis being filed to merely reflect a change in the r	tered agent as p egistered officed	rovided for in Chapter address, Inereby conf	ous, t/.s. Or, irm that the lin	ij inis aocumen iited liability	ı is

Page 1 of 2

company has been notified in writing of this change.

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 = Mai MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	GRATIA GROUP, LLC	1105 Cape Coral Parkway East Suite C Cape Coral, Florida 33904	_ ☑ Add ☐ Remove
<u>MGRM</u>	DANIEL BARRES	1105 Cape Coral Parkway East Suite C Cape Coral, Florida 33904	☐ Add ☑ Remove
MGR_	DANIEL BARRES	1105 Cape Coral Parkway East Suite C Cape Coral, Florida 33904	_[7] Add Remove
			Add Remove
			Add Remove
	 		Add Remove
D. If amend	ling any other information, enter	LAHASSE	FCRETARY
	10 Id		—
Dated	Signature of a s	De C	
		DANIEL BARRES	<u></u>
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00