L1000/34616

(Requ	uestor's Name)	
(Addı	ress)	,
(Addr	ess)	
(City/	State/Zip/Phon	e #)
		MAIL
(Busi	ness Entity Nar	me)
(Doci	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

×.,

Office Use Only



12/15/11-01011--024 **25.00

FILED 2011 DEC 15 AM11: 23 SECRETARY OF STATE TALLAHASSEE. FLORIDA

L

J. BRYAN DEC 1 5 2011 EXAMINER

COVER LETTER

то	Registration S Division of Co				
'sin	вјест:	GRATIA	SUPPORT, LLC		
301	SEC1		ited Liability Company	· · ·	
The	enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Plea	ase return all corresp	condence concerning this matte	er to the following:		
			DANIEL BARRES	:	TALLAHASSEE. FLORIDA
			Name of Person		協品 二
		G	RATIA SUPPORT, LLC		
			Firm/Company		FILED H
		1105 C	ape Coral Parkway E, St	uite C	DIF ST
			Address		ALLE 23
			Cape Coral, Florida 339		P
			City/State and Zip Code		
		E-mail address:	awn@assetquest.com (to be used for future annual report	notification)	
For	further information	concerning this matter, please	call:		
	DA	NIEL BARRES	at (239)	541-8448	
	Name	of Person		aytime Telephone Number	· · ·
		2			
Enc	closed is a check for	the following amount:			
	\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certified	e of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/CO Registration S Division of Co			
		Clifton Buildi	ng /e Center Circle		
2					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRATIA SUPPORT, 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 <u>November 29, 2011</u> and assigned Florida document number <u>L11000134616</u>

This amendment is submitted to amend the following:

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

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

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)

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,	Or O

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

Name of New Registered Agent:	MIKO GUNDERSON		
New Registered Office Address:	18401 Murdock Circle, Suite	C	
· · ·	Ente	r Florida street add	dress
	Port Charlotte	. Florida	33948
	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 diffes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 108, F.S. Gr, if this document is being filed to merely reflect a change in the registered office capress, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, St lew Registered Agent

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	Type of Action
MGRM	GRATIA GROUP, LLC	1105 Cape Coral Parkway East Suite C Cape Coral, Florida 33904	Add
MGRM	DANIEL BARRES	<u>1105 Cape Coral Parkway East</u> Suite C Cape Coral, Florida 33904	Add
MGR	DANIEL BARRES	1105 Cape Coral Parkway East Suite C Cape Coral, Elorida 33904	Add
			Add Remove
. <u></u>			Add Remove
			Add
D. If ameno	ding any other information, enter cha	mge(s) here: (Attach additional sheets, if necessar)	
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		SECRE	DEC	
		ARY ASSE	ភ	—
		m co	AM II:	Ш
Dated	12-14- 20th	ORIDA	ll: 23	0
	Signature of a member or authorized representative of a member			•
	DANIEL BARRES			
	Typed or printed name of signee			
	Page 2 of 2			
	Filing Fee: \$25.00			

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