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## **COVER LETTER**

Division of Corpo	orations			
SUBJECT: Grance	DE YACH & Bo Name of Limit	ont SHE5 LLC ed Liability Company	·	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	G-rance YAC 3336 Golo	Name of Person  The Food Sales  Firm/Company  Finch Terrace Bo  Address  FL, 34994  City/State and Zip Code  A 22 @ 146 f mail. Cook obe used for future annual report notification.	LL 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2613 GEO 16 PM 4: 23
For further information con	ncerning this matter, please ca			
John Fern Name of	Person	at ( <b>941</b> ) <b>468-313</b> Area Code & Daytime Te	elephone 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 Sta Certified Copy (additional copy	itus &

MAILING ADDRESS:

Registration Section

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

Grange VACH & BOAL SAIES 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 Liabi	lity Company w	vere filed on	12/22/2011	and assig	med
Florida document number <u>L/1600/4397</u>	<u>3</u>			哥哥	A STATE OF THE STA
This amendment is submitted to amend the following	ng:			(3) on	
A. If amending name, enter the new name of the	e limited liabil	ity company he	<u>re</u> :	四十2	*
The new name must be distinguishable and end with th "L.L.C."	e words "Limite	d Liability Comp	any," the designation '	"LLC" or the ab	breviation
Enter new principal offices address, if applicable	e:	3336 G	olofinch Te	me Bo	× 151
(Principal office address MUST BE A STREET A	(DDRESS)	Englen	1000 FL. 3	34224	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO.)	<u>x)</u>	3336 6 Englew	Folo Finch 1000, FL 3	Ten. 1	<u>Bo×15</u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address here:	ce address on	our records, <u>enter</u>	the name of	the new
Name of New Registered Agent:	John 1	FERRA			
New Registered Office Address:	3336 G	olofinch	Terrace Bo	15/	
		En	iter Florida street ad	ldress	
_	Englewe	100	, Florida _	34224	
N. B. M. J. A. A. S.		City	nter Florida street ad	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>mgrm</u>	John Ferrara	3336 Goldfingh Tarmee Box 151 Englewood, Fl. 34224	Add
		159 AZAICA St, TAVAMIER FL33	
			Add
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unending an	y other information, en	ter change(s) here: (Att	ach additional sheets, if necessary.
		— · · · · · — ·	
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12-1	1-13	, 2013	
	not 7.		epresentative of a member
	Signature of	f a member or authorized r	epresentative of a member
	Signature of	t a momber of bumonized i	•
	John Ferri	Typed or printed name	

Page 3 of 3

Filing Fee: \$25.00

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