# <u>L12000036360</u>

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APR - 3 2012 T. **HAMPTON** 

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Gray Heal Estate 10  Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Sabring Gray  Sabring Gray  Man Deal Destarte 16  Firm/Company  Address  Address  City/State and Zip Code  Sabringa Frayestad . can	
E-mail address: (to be used for fulfdre annual report notification)  For further information concerning this matter, please call:	
Name of Person at (407) 635-549 7  Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$55.00 Filing Fee \$\ \text{Certified Copy}\$\$ Certificate of Status \$\ \text{(additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)	

#### MAILING ADDRESS:

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

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

Zip Code

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( <u>Name of the Limited Lial</u> (A Flor	bility Compar rida Limited L	y as it now appears on o iability Company)	ur records.)		
The Articles of Organization for this Limited Liabili	•	were filed on	24/20	and ass	igned
Florida document number <u>A IZOIIO 30 3</u>	360	3/8	2/12		
This amendment is submitted to amend the followin	ıg:				
A. If amending name, enter the new name of the	limited liabi	lity company here:			
n/P					
The new name must be distinguishable and end with the "L.L.C."	e words "Limit	ed Liability Company," th	e designation "Ll	.C" or the a	bbreviation
Enter new principal offices address, if applicable	•	390 N O	Range 7	the	
(Principal office address MUST BE A STREET AI	<u>DDRESS)</u>	2300 Onkado	A On	land	) #7.
		10 = 0	/	<u> </u>	3280
Enter new mailing address, if applicable:		0855 FX e1	nington	Chew	CRA
(Mailing address MAY BE A POST OFFICE BOX	Ω	Crlando:	Fr 338	39	
				<u> </u>	
B. If amending the registered agent and/or re registered agent and/or the new registered office:			cords, <u>enter th</u>	<u>e name o</u>	f the new
Name of New Registered Agent:					
New Registered Office Address:	·			<del></del>	
		Enter Flo	rida street addro	2SS	

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.

City

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 = Manager

MGRM = Managing Member **Address Type of Action** Title Add Add Remove ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ature of a member or adultorized representative of a member Typed or printed name of signee

Filing Fee: \$25.00

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