

L120000060698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

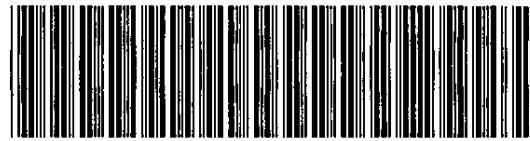
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



700261647007

06/25/14--01003--005 **25.00

EFFECTIVE DATE

7-7-14

14 JUN 25 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JUN 26 2014

T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Grand Trading Company, LLC.

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:

C. N.Christy

Name of Person

Grand Trading Company, LLC.

Firm/Company

1109 SW 44th Street

Address

Cape Coral, FL 33914

City/State and Zip Code

cnickc05@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

C.N. Christy

Name of Person

at **(239) 691-6193**

Area Code

Daytime Telephone 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 Status &
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
OF

FILED
14 JUN 25 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Grand Trading Co., 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 May 12, 2012 and assigned
Florida document number L12000060698.

This amendment is submitted to amend the following:

EFFECTIVE DATE
7-7-14

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 "L.L.C."

Enter new principal offices address, if applicable:

C. N. Christy, Managing Member

(Principal office address MUST BE A STREET ADDRESS)

1109 SW 44th Street

Cape Coral, FL 33914

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1109 SW 44th Street

Not NW

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

Name of New Registered Agent:

C. N. Christy

New Registered Office Address:

1109 SW 44th Street

Enter Florida street address

Cape Coral, Florida 33914

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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 607, 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.

C. N. Christy
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

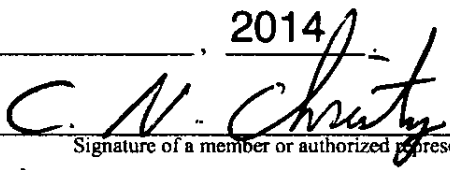
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Robinson, Jennifer N.	1824 SW 45th Street	<input type="checkbox"/> Add
		Cape Coral	<input checked="" type="checkbox"/> Remove
		Florida 33914	
MGRM	C.N. Christy	1109 SW 44th Street	<input checked="" type="checkbox"/> Add
		Cape Coral	<input type="checkbox"/> Remove
		Florida 33914	
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: July 7, 2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 17, 2014



Signature of a member or authorized representative of a member

C. N. Christy

Typed or printed name of signee