L12000071147

(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
WRONG FORM



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12/01/15--01015--011 **43.75

FILED

2015 DEC 14 PH 12: 58

K.SALY EXAMINER DEC 162015



December 2, 2015

AGAINST THE GRAIN LLC WILLIAM SEAN CAMPBELL 701 GRAND CT. TAMPLE TERRACE, FL 33617

SUBJECT: AGAINST THE GRAIN LLC

Ref. Number: L12000071147

We have received your document for AGAINST THE GRAIN LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 415A00025233

COVER LETTER

	`	COVER DETTER	's rear your
TO: Registration Sect	ion ,		MECENED
		15	DEC 11 o
	, ·	T () 110 Si	DEC 14 PM 1:53
SUBJECT:	<u>Against</u>	he Grain 118	CRETARYLOF STATE LAHASSIE: FLORIDA
) Name of Lim	ited Liability Company	FLORIDA
The enclosed Articles of Articles	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	William	S. Campbell Name of Person	
		Name of Person	
	Annuar L. Tha	Grana 110	
	FIGURISE INC	GYAIN IC Firm/Company	
	<u>_</u>	~ 1	
	701 Grand	<u>COUT</u>	
			-7
	Temple Terra	City/State and Zip Code	7 Luren
The enclosed Articles of Amendme Please return all correspondence of Terman Terman Campan Name of Person Enclosed is a check for the following the substitution of the content of the con	,	City/State and Zip Code	•
	<u>laurenm</u>	Capo @ gmail C to be used for future annual report not	OYY (
			incation)
For further information con	cerning this matter, please ca	all:	
Lauren C	amobell	at (813) 777-	-10258
Name of F	erson	Area Code Daytin	ne 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	☐ \$60.00 Filing Fee, Certificate of Status &
		(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

TO ARTICLES OF O	RGANIZATION (1/LEI)
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) ALLAH ARY OF STATE Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L12</u>	were filed on 05 25 2012 and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	701 Grand Court Temple Terrace FL 33617
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	701 Grand Court Temple Terrace FL 331017
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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 605, 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

Florida

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager .
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	WILLIAM T. CAMPBELL	1713 Fluorshire Dr.	Add
MGR		Brandon, FL	☐ Remove
		33511	Change
MGR	LAUREN M. CAMPBELL	701 Grand Ct.	X Add
		Temple Terrace, FL	□ Remove
		33617	☐ Change
·			220dd DE C Remove
			Remove Process Services Servic
			
		· · · · · · · · · · · · · · · · · · ·	□ Remove
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n eff te:	ve date, if other than the date of filing:
sum	ent's effective date on the Department of State's records.
rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The	90th day after the record is filed.
	Door In Oth 2015
ted	December 9th, 2018.

Page 3 of 3

Filing Fee: \$25.00