

L12000117002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

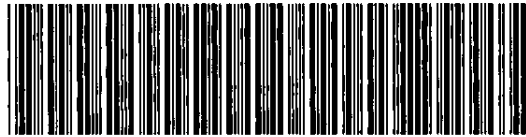
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Special Instructions to Filing Officer:

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OCT 16 2012  
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10/12/12--01018--010 \*\*25.00

2012 OCT 12 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Grate Fireplaces and Outdoor Living, 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:

Carter Grant  
Name of Person

Grate Fireplace and Outdoor Living, LLC  
Firm/Company

1586 Golden Harvest Lane  
Address

Naples, FL 34109  
City/State and Zip Code

gratefireplace@aol.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLHASSEE, FLORIDA  
OCT 12 AM 11:00  
FILED

For further information concerning this matter, please call:

Carter Grant at (239) 939-7187  
Name of Person 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



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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

STATE OF MASSACHUSETTS  
 DEPARTMENT OF REVENUE  
 10/11/12 11:00 AM  
 FILED

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

*We are simply dropping the "s" (plural) off Fireplan in the name.*

*We also have changed the principle office address*

Dated 10-08, 2012

*Carter M. Grant*  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

*CARTER M. GRANT*  
 \_\_\_\_\_  
 Typed or printed name of signee