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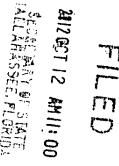
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EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: GRATE FIREPLACES and Outdook Living, 11C 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 Grave Fireplace and Outdoor Living & C Firm/Company 1586 Golden Harvest Lane Address Address Address City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (239) 25 939-7187 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} &

MAILING ADDRESS:

PGrant

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

GROTE FIREPLACES ON	Dutdoor Living	1.42C
(Name of the Limited Liability Comp. (A Florida Limited)	any as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Companies of Organization for the Organization for	,	20/20 and assigned
This amendment is submitted to amend the following:	hility company horo	ALII: 00
A. If amending name, enter the new name of the limited lia GRATE FIREPLACE AND OUTO The new name must be distinguishable and end with the words "Lin"L.L.C."	loop Living 11	C
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7830 Drew FT. Myrs, FL	Gircle, Ste 1 33967-6003
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		s, enter the name of the nev
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida	street address
		lorida
	Citv	Zin Code

New Registered Agent's Signature, if changing Registered Agent:

PGrant

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> Name <u>Address</u> ☐ Add Remove ☐ Add Remove 10 FE Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 10-05 CARTEN M. GKANT Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00