# L13000040405

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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

BADELL & GRAN 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:

# JOSEPH DAVID PENA

Name of Person

### FOWLER RODRIGUEZ

Firm/Company

## 355 ALHAMBRA CIRCLE SUITE 801

Address

**CORAL GABLES FL 33134** 

City/State and Zip Code

DORCHILLES@FRVF-LAW.COM

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

For further information concerning this matter, please call:

## JOSEPH DAVID PENA

 $_{at}(786)364-8400$ 

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

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### **BADELL & GRAN 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 Liab	ility Company were filed on 03/18/2013	and assigned
Florida document number L13000040405	<del></del>	SECRET IVISION O 13 MAR
This amendment is submitted to amend the follow	ing:	F CO
A. If amending name, enter the new name of the	ne limited liability company here:	OF STATE
BADELL AND GRAU LLC		15: C
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," the desi	gnation "LLC" or the abbressation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida	street address
		lorida
	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 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 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				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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			Remove	

D. If	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	MARCH 22 , 2013 .
	Signature of a discussion or authorized representative of a member  JOSEPH DAVID PENA
	Typed or printed name of signee

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Filing Fee: \$25.00

SECRETARY OF SIALENS
DIVISION OF CORPORATIONS

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