

L170000 97456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

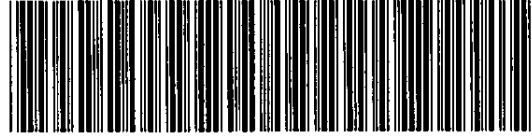
(Business Entity Name)

(Document Number)

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J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GRANTHAM-TODD 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:

Bonnie Sellers
Name of Person
Wide Awake Cafe
Firm/Company
5711 HWY 90
Address
Milton, FL 32583
City/State and Zip Code
wideawakecafe@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bonnie Sellers at 850 304-3876
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**

GRANTHAM-TODD 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 07/09/2013 and assigned Florida document number L13000097456.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BONNIE - KATHY SELLERS LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Bonnie Sellers BS

New Registered Office Address:

4915 Laurel Oak Dr

Enter Florida street address

Pace

City

, Florida

32571

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 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.

Bonnie Sellers
If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Natalie Grantham	5701 Tiger Woods Dr	<input type="checkbox"/> Add
		Milton, FL 32570	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kathy Sellers	4915 Laurel Oak Dr	<input checked="" type="checkbox"/> Add
		Pace, FL 32571	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Todd Grantham	5701 Tiger Woods Dr	<input type="checkbox"/> Add
		Milton, FL 32570	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Bonnie Sellers	4915 Laurel Oak Dr	<input checked="" type="checkbox"/> Add
		Pace, FL 32571	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Change name of LLC from GRANTHAM-TODD LLC to BONNIE-KATHYSELLERS LLC as requested above.

Remove Todd and Natalie Grantham from MGRM and MGR as listed above.

Add Bonnie Sellers as MGRM and Kathy Sellers to MGR as listed above.

Bonnie and ¹⁰Kathy Sellers share 50/50 ownership of the LLC.

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DEPARTMENT OF TREASURY

E. Effective date, if other than the date of filing: 10-12-2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 9-28-2015

Todd Grantham
Signature of a member or authorized representative of a member

Todd Grantham
Typed or printed name of signee