## L13000118010

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SEP 1 9 2013

T. HAMPTON

## **COVER LETTER**

TO: Registration Sect Division of Corpo			,
SUBJECT:	GKEYWHISKEY	, LLC	
	GKEYWHIS KEY Name of Limi	ted Liability Company	·
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	STEPHA	Name of Person	· 
		Name of Person	
	GREKNHI	SKEY, LLC Firm/Company	
		Firm/Company	
	8509 L	Address	
		Address	
	TALLAHA	City/State and Zip Code	_
			<del></del>
		to be used for future annual report notificati	ion
For further information cor	ncerning this matter, please of	·	ony
STEAHAN	i whipoch	at ( 850) 212 5728	
Name of I	Person	Area Code & Daytime Te	elephone Number
Englosed 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

GREYWHISH		
(Name of the Limited Li	ability Company as it now appears on our orida Limited Liability Company)	records.)
, (A r)	orida Limited Liability Company)	1
The Articles of Organization for this Limited Liab	ility Company were filed on	and assigned
Florida document number L 13000 /180	<b>)]o</b>	هييو در ما ما المعو
This are described by the second of the seco	,	<b>₹</b> ₩ <b>₩</b>
This amendment is submitted to amend the follow	ing:	<b>黎</b> 19
A. If amending name, enter the new name of the	e limited liability company here:	
A. If amending name, enter the new name of the The new name must be distinguishable and end with the state of the new name must be distinguishable and end with the state of the new name of t		
		32 =
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," the	designation "LLC" or the abbreviation
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	OX)	
B. If amending the registered agent and/or	magistared office address on our mos	ands antar the name of the new
registered agent and/or the new registered office		ords, enter the name of the new
- Store of the new registered diffe		
	simple of the same	
Name of New Registered Agent:	STEPHEN WALLOCH	
New Registered Office Address:	8509 LITTLE SIENIC	· · · · · · · · · · · · · · · · · · ·
	Enter Flor	ida street address
	TALLAHAGSEE	, Florida 3730 9 Zip Code
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRI	MICHAEL MAIRA	1709 HERMITAGE BLUD	Add
		FUME 201	Remove
		TALLAHAGGE FL 3230	9
MGKM	STEPHEN WALDOCH	STEPHAN WALDOCK	
		8509 LITTLE SCENIC LAN	Remove
		TALLAHASSEE FL 3230	<del>y</del>
			Add
			Remove
			<del></del>
<del></del>			Add
		<u> </u>	Remove
	·		13 SEP
			Add The Remove
			Remove
			<u> </u>
			· Add
			Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	<u>9/19</u> , <u>7017</u> .
	Maltogl
	Signature of a member or authorized representative of a member
	STEPHIN WALDOCH
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

13 SEP 19 AM II: 55