

L 14000077298

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
DEC - 9 2014

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: IN Spite of IT ALL 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:

Richard Grey
Name of Person
IN Spite of it ALL LLC
Firm/Company
1840 Caralee Blvd, Unit 1
Address
Oelando, FL 32822
City/State and Zip Code
inspiteofitalllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Grey at (407) 617-6029
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:



☒ \$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

In Spite of it ALL LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/13/14 and assigned
Florida document number L14000077298.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

1840 CARALEE BLVD

Unit 1

ORLANDO FL 32822

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1840 CARALEE BLVD

Unit 1

ORLANDO FL 32822

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:

1840 CARALEE BLVD, Unit 1

New Registered Office Address:

Enter Florida street address

Orlando

City

, Florida

32822

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
CEO	RICHARD C GREY JR	1840 CARALEE BLVD	<input checked="" type="checkbox"/> Add
(CHANGE FROM "MGR")		Unit 1	<input type="checkbox"/> Remove
		Orlando, FL 32822	
MGR	April J. Grey	1840 CARALEE BLVD	<input checked="" type="checkbox"/> Add
		Unit 1	<input type="checkbox"/> Remove
		Orlando FL 32822	
AMBR	YVONNE GREY	222 TUSKEGEE ST.	<input checked="" type="checkbox"/> Add
(CHANGE FROM CFO)		SANFORD FL 32771	<input type="checkbox"/> Remove
CFO	YVONNE GREY	222 TUSKEGEE ST	<input type="checkbox"/> Add
		SANFORD FL 32771	<input checked="" type="checkbox"/> Remove
MGR	RICHARD C GREY JR	788 S. CONWAY RO.	<input type="checkbox"/> Add
		Apt C	<input checked="" type="checkbox"/> Remove
		Orlando FL 32807	

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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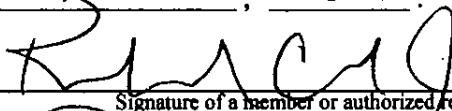
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FBI/EIN NUMBER = 46-5651395

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 11/24/2014 (November 24) 2014



Signature of a member or authorized representative of a member

RICHARD C GREY JR.

Typed or printed name of signee

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Filing Fee: \$25.00

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