

L14000172064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

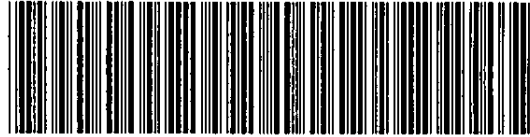
(Document Number)

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Amend/NC

06/16/15--01003--019 \*\*60.00

FILED  
15 SEP 15 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 16 2015

N. CAUSSEAU

N. Culligan JUN 17 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NEW GENERATIONAL FOUNDATION  
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:

RUBEN C WRIGHT

Name of Person

NEW GENERATIONAL FOUNDATION

Firm/Company

7820 BAYMEADOWS RD EAST, APT # 1222

Address

JACKSONVILLE, FL 32256

City/State and Zip Code

wrightruben@outlook.com

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

For further information concerning this matter, please call:

RUBEN C WRIGHT

386

336.32.97

Name of Person

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 1, 2015

RUBEN C. WRIGHT  
NEW GENERATIONAL FOUNDATION  
7820 BAYMEADOWS ROAD EAST, APT. 1222  
JACKSONVILLE, FL 32256

SUBJECT: NEW GENERATIONAL FOUNDATION  
Ref. Number: L14000172064

We have received your document for NEW GENERATIONAL FOUNDATION and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 215A00013767

**COVER LETTER**

TO: Registration Section  
Division of Corporations

ATTN:  
Nanette Causseau  
Regulatory Specialist  
II Supervisor

SUBJECT: NEW GENERATIONAL FOUNDATION, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Letter Number:  
215A00013767  
and  
Letter Number:  
115A00012595

RUBEN C WRIGHT

Name of Person

NEW GENERATIONAL FOUNDATION

Firm/Company

2350 PHILLIPS RD, APT 2-107

Address

TALLAHASSEE, FL 32308

City/State and Zip Code

wrightruben@outlook.com

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

For further information concerning this matter, please call:

RUBEN C WRIGHT

386  
at ( )

336.32.97

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**

NEW GENERATIONAL FOUNDATION, 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 NOVEMBER 05, 2014 and assigned  
Florida document number L14000172064.

This amendment is submitted to amend the following:

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

GRIND100, 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)**

2350 PHILLIPS RD

APT # 2-107

TALLAHASSEE, FL 32308

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2350 PHILLIPS RD

APT # 2-107

TALLAHASSEE, FL 32308

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, **Florida**

*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 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 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	RUBEN C WRIGHT	2350 Phillips RD Apt 2-107 Tallahassee, FL 32308	<input checked="" type="checkbox"/> Add
		1820 Baymeadows RD, East Apt 1222 Jacksonville, FL 32256	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BRADY B ROBINSON	1171 Lane Ave, South Apt 1212 Jacksonville, FL 32205	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF SUPERIOR COURT

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

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15 SEP 15 AM 10:59  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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.

(b) The 90th day after the record is filed.

Dated \_\_\_\_\_, \_\_\_\_\_

Signature of a member or authorized representative of the contractor

Typed or printed name of signer