

L 14000178917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECY. APT. OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR 18 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Grand Bay Construction Services, 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:

Matthew R Walker

Name of Person

Matchpoint Advisors, LLC

Firm/Company

110 Logan Lane Suite 3

Address

Santa Rosa Beach, FL 32459

City/State and Zip Code

mwalker@matchpointadvisors.com

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

For further information concerning this matter, please call:

Matthew Walker

at (850)

460-4513

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**

Grand Bay Construction Services, 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 11/18/2014 and assigned
Florida document number L14000178917.

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) _____

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:

MATCHPOINT ADVISORS, LLC

New Registered Office Address:

110 LOGAN LANE, SUITE 3

Enter Florida street address

SANTA ROSA BEACH

City

Florida 32459

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>
AMBR	Chris Burch	110 Logan Lane Suite 3 Santa Rosa Beach, FL 32459	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Chris Burch	110 Logan Lane Suite 3 Santa Rosa Beach, FL 32459	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Grand Bay Construction Gr	(Grand Bay Construction Group, LLC) 110 Logan Lane Suite 3 Santa Rosa Beach, FL 32459	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AP	Matthew Walker	110 Logan Lane Suite 3 Santa Rosa Beach, FL 32459	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AP	CHAD CHRISTENSON	110 LOGAN LANE SUITE 3 SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AP	CHRIS HARP		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

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>
AMBR	CHRISTOPHER A BURCH	110 LOGAN LANE SUITE 2 SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	CHRISTOPHER A. BURCH	110 LOGAN LANE SUITE 3 SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AP	CHAD CHRISTENSEN	110 LOGAN LANE SUITE 2 SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AP	CHRIS HARP	110 LOGAN LANE SUITE 3 SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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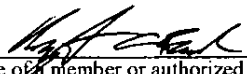
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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 February 25, 2015



Signature of a member or authorized representative of a member

CHRISTOPHER A. BURCH

Typed or printed name of signee

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Filing Fee: \$25.00

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