

L15000151032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

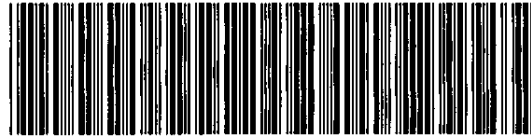
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L15-151032

Amend
CHS

09/17/15--01008--013 **35.00

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15 NOV -9 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV -9 2015

N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

RECEIVED

SUBJECT: Graham & Graham Financial Solutions
Name of Limited Liability Company

15 NOV -9 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Gina Graham
Name of Person

Graham & Graham Financial Solutions
Firm/Company

9838 Old Baymeadows Rd Suite 193
Address

Jacksonville, FL 32256
City/State and Zip Code

graham.industries@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gina Graham at (904) 323 - 7876
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2015

GINA GRAHAM
GRAHAM & GRAHAM FINANCIAL SOLUTIONS
7701 TIMBERLIN PARK BLVD., UNIT 513
JACKSONVILLE, FL 32256

SUBJECT: GRAHAM & GRAHAM FINANCIAL SOLUTIONS LLC
Ref. Number: L15000151032

We have received your document for GRAHAM & GRAHAM FINANCIAL SOLUTIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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: 515A00019922

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Graham & Graham Financial Solutions

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9/2/15 and assigned
Florida document number 45000151032.

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 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)

9838 Old Baymeadows Rd
Suite #193
Jacksonville, FL 32256

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:

New Registered Office Address:

9838 Old Baymeadows Rd Suite #193
Enter Florida street address
Jacksonville, Florida 32256
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	Tacoya Graham	PO Box 6014	<input type="checkbox"/> Add
		Gainesville, FL 32256	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Dwyne Brown	5141 Northwind Blvd	<input checked="" type="checkbox"/> Add
		Apt 305	<input type="checkbox"/> Remove
		Valdosta, GA 31605	<input type="checkbox"/> Change
AMBR	Joyce Graham-Miller	5007 E University Ave	<input checked="" type="checkbox"/> Add
		Gainesville, FL 32641	<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

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: September 4, 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.

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

Dated

09/23/15

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~~Signature of a member or authorized representative of a member~~

Gina Graham

Typed or printed name of signee