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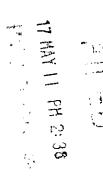
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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O SIMMONS MAY 1 2 2017

COVER LETTER

TO: Registration Section Division of Corpor	ations at the same of the same		·
SUBJECT:	oui sville Gr	ads LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub	nitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
	Debra F	Name of Person	
		Name of Person	
		Firm/Company	
	1170 Blue	Oval Lanc Address	
		Address	•
	Cantonne	on@aol.com	,
•	Nas t Na	City/State and Zip Code	
-	KITTIES M	o he used for future annual report no	tification)
For further information conc			
Debra Per	<u>m</u>	at (<u>850</u>) Area Code Dayti	0495 me Telephone Number
Name of re	rson—	Alea Cout Dayii	ne receptone realises
Enclosed is a check for the for	ollowing 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

TO ARTICLES OF ORGANIZATION OF

Louisuille	Grads LLC		
(Name of the Limited Liab (A Flor	bility Company as it now apper rida Limited Liability Company)	ars on our records,)	
The Articles of Organization for this Limited Liability Florida document numberL160012848(–	7/20/16	and assigned
This amendment is submitted to amend the following:	:	•	
A. If amending name, enter the new name of the li	mited liability company h	<u>iere</u> :	
The new name must be distinguishable and contain the words "L	imited Lighility Company "the	decimation "LLC" on the	obbrovistics #LLC?
	nimed Liability Company, the	designation LLC or the	aboreviation L.L.C.
Enter new principal offices address, if applicable:			<u> </u>
<u>(Principal office address MUST BE A STREET ADI</u>	<u>DRESS)</u>		***
•			1
			0
Enter new mailing address, if applicable:			~ ~ <u>~</u>
(Mailing address MAY BE A POST OFFICE BOX)			ယ
B. If amending the registered agent and/or regressered agent and/or the new registered office ad	gistered office address of ldress here:	n our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
Now Registered Office Address.	Enter Flo	orida 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Debra Perny	1170 Blue Oval Lane	D-A dd
	Ť	Cantonment, FL 32533	□ Remove
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(If an eff Note:	tive date, if other than the date of filing:	605.0207 (3)(t isted as the
If the red (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea e 90th day after the record is filed.	rlier of:
Dated	May 8 , 2017.	
	Signature of a member or authorized representative of a member	
	Debra Perry Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00