## L17000094961

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S. WARREN JUN 2 7 2017

## **COVER LETTER**

	rision of Cor				
SUBJECT:	Daniel Grah	am LLC			
MAJECT:		Name of Limi	ited Liability Company	<del></del>	
The enclose	d Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please returi	all correspo	ndence concerning this matter	to the following:		
		Daniel Graham			
			Name of Person		
			Firm/Company	<del></del>	
		3-440-24th Ave NE			
			Address		
		Naples, FL 34120			
		1 1 1 1 7 7 7	City/State and Zip Code	-	
		danielgrahamrealtor@gmail E-mail address: (	.com to be used for future annual report notifi-	cation)	
For further i	nformation co	oncerning this matter, please ea	all:		
Daniel Graf	iam		239 398-2093 at ( )		
	Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is	a check for th	ne 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

Daniel Graham LLC	ı Company 9s	it now annear	on our records	<del></del> _
( <u>Name of the Limited Liability</u> (A Florida)	Limited Liabili	ity Company)	, on our records.	'
The Articles of Organization for this Limited Liability Co Florida document number 1.17000094961		e filed on $\frac{4/2}{2}$	8/17	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability	company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limit	ted Liability Co	ompany," the de	signation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_			
(Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>	<del></del>		<del></del>
	-			
Enter new mailing address, if applicable:	_	<del></del>		
(Mailing address MAY BE A POST OFFICE BOX)	_			
B. If amending the registered agent and/or registered agent and/or the new registered office address.		address on	our records,	enter the name of the n
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Flori	da street address	
			, Flor	ridaZip Code
	ļ	City		Zip Code
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent a				
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag				

If Changing Registered Agent, Signature of New Registered Teent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited limiting

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Daniel Graham	3-440 24th Ave NE Nples, FI 3-4120	■ Add
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			Change
			☐ Remove
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		g:	filing or more than 90 day	(optional) (s after filing.) Pursuant to	n 605.0
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cument's effective date	delayed effective of the record is filed.  Signature of a	meet the applicable statu State's records.  date, but not an efformation of the statu  2017  Member or authorized repr	ective time, at 12	:01 a.m. on the e	arli — —
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Filing Fee: \$25.00