117000109476

(Re	equestor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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JUN 1 6 2017 Y SULKER



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 5, 2017

MICHAEL RAISCH PO BOX 8674 SEMINOLE, FL 33775

SUBJECT: MR. GRAND LLC Ref. Number: L17000109476

We have received your document for MR. GRAND LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 917A00011234

IN JUNIS MESTAL SECRETARISE SE

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: MR.	Grand LLC Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Michael Ra	Name of Person	
	Michael R	Name of Person Aisch Firm/Company	
		744 Address	
	Seminole FL	City/State and Zip Code Com Com Com Com Com Com Com Co	
	Raisch Rentals E-mail address: (@yahoo.com to be assed for future annual report notif	ication)
For further information o	oncerning this matter, please ca	all:	
M: chael Name o	Raisch f Person	at (727) 687-9 Area Code Daytime	7323 Telephone Number
Enclosed is a check for the	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

M	R. Grand LLC,	
(Name of the Limi	ted Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited L	iability Company were filed on	5/17/17 and assigned
Florida document number <u>L17000109</u>	476	
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
		Ęŝ z
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	SAR
		m _c ,
		SI
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on ou	r records, enter the name of the ne
registered agent and/or the new registered of	nice address nere:	3 . W
Name of New Registered Agent:	Michael Raisch	
New Registered Office Address:		
	Enter Florida s	treet 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>	Address	Type of Action
MGR	Michael Raisch	12297 91st Terr N	Add
		Seminole FL 33772	☐ Remove
			☐ Change
			☐ Remove
			☐ Change
		*** **********************************	Remove
			Change
			SS Add
			Remove
			FLORIDA CHANGE
			Add
			Remove
			Change
······································			DAdd
			□ Remove
			☐ Change

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	LORIA E
ective date, if other than the date of filing: deffective date is listed, the date must be specific and cannot be prior to date of filing or monte: If the date inserted in this block does not meet the applicable statutory filing a ument's effective date on the Department of State's records.	(optional) e than 90 days after filing.) Pursuant to 605 requirements, this date will not be liste
record specifies a delayed effective date, but not an effective tin he 90th day after the record is filed.	ne, at 12:01 a.m. on the earlie
ed 5/30/17,	
Signature of a member or authorized representative of	f a member

Page 3 of 3

Filing Fee: \$25.00