L17000 192775

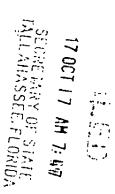
(Requestor's Name)
(Address)
,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Ellity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000304240480

10/17/17-00/024--022 **25.00



COVER LETTER

	istration Sec sion of Corp			
SUBJECT:	Serious in Se	eagrove. LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Bryan Griner		
			Name of Person	
			Firm/Company	
		15 Hammock Lane	Name of Person Firm/Company Address City/State and Zip Code be used for future annual report notification) : at (
			Address	
		Santa Rosa Beach, FL 324	Name of Limited Liability Company diment and fee(s) are submitted for filing. e concerning this matter to the following: yan Griner Name of Person Firm/Company Hammock Lane Address nta Rosa Beach, FL 32459 City/State and Zip Code angriner@yahoo.com E-mail address: (to be used for future annual report notification) ting this matter, please call: at (
			City/State and Zip Code	
		·	16.6.	-
For further in	formation co	ncerning this matter, please co		ication)
Bryan Griner			at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	iling Fce	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

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

Serious in Seagrove, LLC	
(Name of the Limited Liability Company as it now appears on a (A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{\text{Septemb}}{\text{Florida document number}}$.	per 15, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Bryan Griner, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designa	tion "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 registered agent and/or the new registered office address here:	records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address: Emer Florida str	ect address
	Florida F
City New Registered Agent's Signature, if changing Registered Agent:	RT Kip Code

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
		<u> </u>	Remove
			Change
			D Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			□ Add
			□ Remove
			□ Change

,				-	
			<u> </u>		
· · ·		, , , <u>-</u>			
	<u> </u>				
		- -			
	_				
				~ 1	
				A SE	
		<u> </u>			
				× × × × × × × × × × × × × × × × × × ×	CT
				386 787	7
					
				L 0:	- innerent
				<u> </u>	45
 					
fective date, if other than the dat an effective date is listed, the date must be	e of filing:	prior to data of filin	or more than 90 days	optional)	west to 605 020
ote: If the date inserted in this block	does not meet the a	pplicable statutory	filing requirements	, this date will n	ot be listed a
ocument's effective date on the Depar	tment of State's rec	ords.			
record specifies a delayed ef	fective date, bu	t not an effect	ive time, at 12:0	01 a.m. on th	ne earlier o
The 90th day after the record	is filed.				
A 11	40 -				
. , , , , , , , , , , , , , , , , , , ,	<u>20</u>	<u> 1 </u>			
ated October 10		,			
ated <u>(Ctober 10</u>	2				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00