

(Re	equestor's Name)	<del> </del>
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
CUD		e Grout LLC		
SORI	IECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of a	Amendment and fec(s) are sub	mitted for filing.	
Please	e return all correspoi	ndence concerning this matter	to the following:	
		Barbara K Moore		
			Name of Person	<del></del>
		Reasonable Grout LLC		
			Firm/Company	
		127 Northwood Road		
			Address	<del></del>
		Crawfordville, Florida 32	2327	
			City/State and Zip Code	
		reasonablegrout@gmail.c	com to be used for future annual report notifi	
For fu	orther information ed	oncerning this matter, please of		Canon
Barb	ara Moore		850 2944226	
	Name of	Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	e 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

Reasonable Grout LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records. da Limited Liability Company)	)
The Articles of Organization for this Limited Liability	Company were filed on 11/27/2017	and assigned
Florida document number L17000241674		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
		Si 18
The new name must be distinguishable and contain the words "Li Enter new principal offices address, if applicable:	imited Liability Company," the designation "LLC"	or the abbreviation "LC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI.	DRESS)	
		<b>3</b> 6
		<b>بن</b> بن
Enter new mailing address, if applicable:		99
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		enter the name of the new
registered agent and/or the new registered office ad	ldress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida
	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

Title	<u>Name</u>	Address	Type of Action
MGR	Richard Allen Lynn	2403 Banyon Drive	
		Tallahassee, Florida	■ Remove
		32303	
			☐ Remove
			Change
		<del></del>	
			☐ Remove
		<del></del>	Change
		<del></del>	☐ Remove
			Change
			Remove
			Change
			□ Add
			□ Remove
			Change

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	- <u>-</u> -	JUN 22
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an effective date is listed, the da	n the date of filing:	(optional) an 90 days after filing.) Pursuant to 605.020
ote: If the date inserted in t	his block does not meet the applicable statutory filing require Department of State's records.	irements, this date will not be listed a
	·	
e record specifies a de The 90th day after the	ayed effective date, but not an effective time, record is filed.	at 12:01 a.m. on the earlier
June 17	2018	
	<b>~</b> ^	

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Typed or printed name of signee

Filing Fee: \$25.00