## 121000164829

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## **COVER LETTER**

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ou nanc		amily Custom Home Builder, I	LC		
SUBJEC	:1: <u></u> _	Name of Limited Liability Company			
The encl	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		Carol M Purdy			
			Name of Person	Adding "5" to	
		Grahame Family Custom I	Adding "5" to Builders		
			Pance Z		
		1231 County Road 283 S			
		Santa Rosa Beach, FL 324			
			City/State and Zip Code		
		carol@oversee.us			
		E-mail address: (	to be used for future annual report notification	on)	
For furth	er information e	oncerning this matter, please c	all:		
Carol M	Purdy		404 931.9992		
-	Name o	f Person	Area Code Daytime Tel-	ephone Number	
Enclosed	l 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration S		Street Address: Registration Section	1	
	Division of C		Division of Corpora The Centre of Talla		
P.O. Box 6327			The Centre of Tana	Hassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grahame Family Custom Home Builder, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 9, 2021 \_\_\_\_ and assigned Florida document number \_\_L21000164829 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Grahame Family Custom Home Builders, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 records, enter the name of the new registered agent and/or the new registered office address here: ٠; Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida Cin 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>	<u>Address</u>	Type of Action
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			□Remove
			□Change
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record specifies a delayed effect d is filed.	tive date, but not a	n effective time	, at 12:01 a.m. on	the carner of (b)	The 70th day after	
d is filed.				the carner or. (b)	The 70th day after	
d is filed.  Dated June 24		2021				
d is filed.  Dated June 24		2021				

Filing Fee: \$25.00