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## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations	
SUBJECT: Greybrard Custon Name of Limited L	Calls LLC iability Company
The enclosed Articles of Amendment and fee(s) are submitte	d for filing.
Please return all correspondence concerning this matter to the	e following:
	Name of Person JR.
Greybean	rd Custom Calls, LLC Firm/Company
1800 N	ewman Lane Address
- Tallahass-c-	y/State and Zip Code  Liamos @ concast.net  used for future annual report notification)
grey beard E-mail address: (to be i	tjames @ concast.net
For further information concerning this matter, please call:	
K. Casey Manager Name of Person	at (880) 528 - 505 7 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\sum \text{San.00 Filing Fee & Certificate of Status}	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Li	ability Company as it no	ow appears on our reompany)			
The Articles of Organization for this Limited Liabili		ed on <u>2/22</u>	22	_ and assigned	d
This amendment is submitted to amend the followin	g:				
A. If amending name, enter the new name of the	limited liability con	npany here:			
The new name must be distinguishable and contain the words	"Limited Liability Comp	any," the designation	'LLC" or the abbrev	viation "LEC."	<del>.</del>
Enter new principal offices address, if applicable	; <u> </u>			2 2	
(Principal office address MUST BE A STREET AL	DDRESS)			R 2	9
				\$27 <b>3</b>	— <u>;</u> π
				SEE SEE SEE	U
Enter new mailing address, if applicable:					·
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	· · · · · · · · · · · · · · · · · · ·			
				<del></del>	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		on our records, <u>e</u>	nter the name o	f the new reg	gistered
	<u></u> .				
Name of New Registered Agent:				<u>-</u>	
New Registered Office Address:		Enter Florida street a	ddress		
	City	,	_, Florida	Zip Code	
New Registered Agent's Signature, if changing Regis	stered 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 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>	Name	Address	Type of Action
MGR	Kathaya Casey McQuaig	1806 Newman Lane Tallahassee, EL 32312	□Add
		Tallahassee, El 32312	Remove
			□Change
AMBR	Kathryn Casey McQuai	g 1806 Newman Lane	X\Add
		Tallahassee, FL 323	
			□Change
			🗀 Add
			Remove
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	if other than the is listed, the date me inserted in this letive date on the	block does not m	eet the applical	adate of filing or moole statutory filing	re than 90 days aft	tional) er filing.) Pursuant nis date will not	to 605.0201 be listed as
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Filing Fee: \$25.00