

L0500002/330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

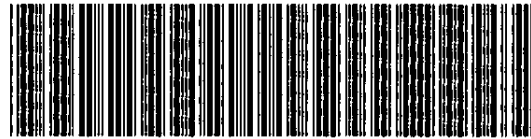
Special Instructions to Filing Officer:

A. LUNT

JUL - 7 2010

EXAMINER

Office Use Only



700182599717

07/06/10--01049--003 **30.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2010 JUL - 6 PM 1:32

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Murrell Center LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Haley
Name of Person
Murrell Center LLC
Firm/Company
P.O. Box 410558
Address
Melbourne FL 32941
City/State and Zip Code
Haleydevco@aol.com
E-mail address: (to be used for future annual report notification)

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2010 JUL -6 PM 1:32

FILED

For further information concerning this matter, please call:

John Haley at (321) 632 2999
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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**

Murrell Center, 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 3-2-2005 and assigned
Florida document number L05000021330.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5425 Village Drive Ste 101
Viera, FL 32955

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 410558
Melbourne, FL 32941

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:

Name of New Registered Agent:

John Haley

New Registered Office Address:

5425 Village Drive Ste 101

Enter Florida street address

Viera

Florida

32955

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 608, 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.

John Haley
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
Mgr	Barry Richardson	2825 Business Center Blvd B5 Melbourne FL 32940	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Mgr	Rick Kendust	3507 Cappio Drive Melbourne FL 32940	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

7/1/10

Signature of a member or authorized representative of a member

John Haley

Page 2 of 2

Filing Fee: \$25.00

FILED
JUL 6 PM 1:32
CLERK OF COURT
JUL 6 PM 1:32
CLERK OF COURT