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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Roby F. Moran LZC 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:
Robyn Moran Name of Person
Robyn F. Moran LLC Firm/Company
1515 Bunting Lane
Sanbel FL. 33957 City/State and Zip Code Robyn @ Robb moran . Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robyn Moran at (239) 728 1971 Name of Person Tolephone Number Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Sol

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

Robyn Fn	Moran, LLC.		
(Name of the Limited	Liability Company as it now appe Florida Limited Liability Company	ars on our record	<u>ls.</u>)
The Articles of Organization for this Limited Lial		12/21/	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the	designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:		in the second second
(Principal office address MUST BE A STREET	ADDRESS)	,	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u> </u>		P 0
B. If amending the registered agent and/or registered agent and/or the new registered offi Name of New Registered Agent: New Registered Office Address:	<u>Robyn Moran</u> 1515 Bunting	on our record	
	Sanibel F	- <u>C</u> . , FI	orida 33957 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.

of Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MPN)	Robert Moran	1515 Bunding Lane Sample J. 33957	
		Sanchel, Fr. 33957	Remove
			Change
MGR	Robyn Muran	1515 Bunting Lanc Sanibel, FL. 33957	∑ Ø Add
		Sanibel, PL. 33957	🗖 Remove
		.	Change
			
			Remove
			Change
			Remove
			Change
			Remove
			□ Change
			Remove
			Change

O. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	
f the record specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier b) The 90th day after the record is filed.	of:
Dated	
Dated	
P I M	
Robyn Moran Typed or printed name of signee	

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Filing Fee: \$25.00