

L00000094216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

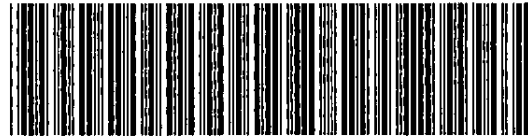
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

DEC 14 2012

L. SELLERS

Office Use Only



100242241301

12/12/12--01008--006 **55.00

12 DEC 12 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Morrison Family Limited Liability Company
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:

James M. Shuta, Esq.

Name of Person

James M. Shuta, P.A.

Firm/Company

PO Box 16808

Address

Fernandina Beach FL 32035-3131

City/State and Zip Code

jmshuta@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James M. Shuta, Esq.

Name of Person

at (727) 424-6406

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**

Morrison Family Limited Liability Company

(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 09/25/2006 and assigned
Florida document number L06000094216.

This amendment is submitted to amend the following:

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

Folkers Family Limited Liability Company

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:

14394 86th Ave

(Principal office address MUST BE A STREET ADDRESS)

Seminole FL 33776-1932

Enter new mailing address, if applicable:

14394 86th Ave

(Mailing address MAY BE A POST OFFICE BOX)

Seminole FL 33776-1932

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:

Adelyne L. Folkers

New Registered Office Address:

14394 86th Ave

Enter Florida street address

Seminole

Florida

City

Zip Code

FILED
DEC 12 PM 4:4
CLERK OF DISTRICT COURT
FLORIDA

33776-1932

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.

Adelyne L. Folkers
If Changing Registered Agent, Signature of New Registered Agent

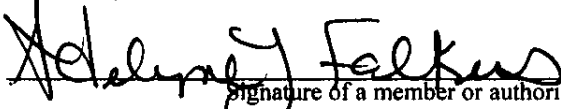
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jack W. Morrison	10105 Woodsong Way	<input type="checkbox"/> Add
		Tampa FL 33618	<input checked="" type="checkbox"/> Remove
MGRM	Adelyne L. Folkers	14394 86th Ave	<input checked="" type="checkbox"/> Add
		Seminole FL 33776-1932	<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 December 10, 2012.



signature of a member or authorized representative of a member

Adelyne L. Folkers

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00