

L07000021464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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MAIL

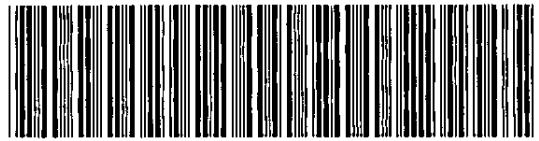
(Business Entity Name)

(Document Number)

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J. HARRIS

# SUNSHINE CORPORATE FILING of FLORIDA, INC.

3458 Lakeshore Drive  
Tallahassee, Florida 32312  
(850) 656-4724

COVER LETTER

DATE: 12-23-15

WALK IN

ENTITY

NAME: POST MBA INVESTMENTS, LLC

(NAME AVAILABLE? ☒ )

CORRECT FORM ☒ )

PLEASE FILE THE ATTACHED AND RETURN:

☐ PLAIN COPY

☒ CERTIFIED COPY

CHECK # 2169

AMOUNT: 55

PLEASE CONTACT TINA AT 850-508-1891 WITH ANY  
QUESTIONS OR CORRECTIONS!

THANK YOU!

TINA GOFF, PRESIDENT

SUNSHINE CORPORATE & FILING SERVICES, INC.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** POST MBA INVESTMENTS, 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:

MARGARET CARR, CORPORATE PARALEGAL

Name of Person

BAKER DONELSON

Firm/Company

165 MADISON AVE., STE 2000

Address

MEMPHIS, TN 38103

City/State and Zip Code

MCARR@BAKERDONELSON.COM

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

For further information concerning this matter, please call:

MARGARET CARR

901 577-2157  
at ( )

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**

POST MBA INVESTMENTS, 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 February 26, 2007 and assigned  
Florida document number L07000021464.

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 contain 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) \_\_\_\_\_

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:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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 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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

THE EXECUTION AND FILING OF THIS DOCUMENT WILL CAUSE SUCH MEMBER TO BE  
PERSONALLY LIABLE FOR THE DEBTS, OBLIGATIONS AND LIABILITIES OF THE LIMITED  
LIABILITY COMPANY TO THE SAME EXTENT AS A GENERAL PARTNER IN A GENERAL  
PARTNERSHIP. PLEASE CONSULT YOUR ATTORNEY.

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

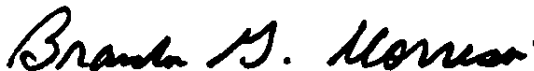
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 22, 2015.



Signature of a member or authorized representative of a member

SEE ATTACHED SIGNATURE PAGES OF ALL MEMBERS

\_\_\_\_\_  
Typed or printed name of signee

**SIGNATURE PAGE TO FLORIDA ARTICLES OF AMENDMENT TO ARTICLES OF  
ORGANIZATION OF POST MBA INVESTMENTS, LLC-**

Date: December 22, 2015

**MEMBERS:**

Allison Garrott Braswell  
Allison Garrott Braswell

Brandon Garrott Morrison  
Brandon Garrott Morrison

Thomas M. Murray Garrott, IV  
Thomas McMurray Garrott, IV

**The Allison Garrott Braswell Irrevocable  
Children's Trust**

By: Thomas M. Murray Garrott, IV  
Thomas McMurray Garrott, IV,  
Co-Trustee

By: Brandon Garrott Morrison  
Brandon Garrott Morrison,  
Co-Trustee

**The Brandon Garrott Morrison  
Irrevocable Children's Trust**

By: Thomas M. Murray Garrott, IV  
Thomas McMurray Garrott, IV,  
Co-Trustee

By: Allison Garrott Braswell  
Allison Garrott Braswell,  
Co-Trustee

**The Thomas McMurray Garrott, IV  
Irrevocable Children's Trust**

By: Brandon Garrott Morrison  
Brandon Garrott Morrison,  
Co-Trustee

By: Allison Garrott Braswell  
Allison Garrott Braswell,  
Co-Trustee