# L07000108384

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#### **COVER LETTER**

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** 

TO:

MNR Luli	LLC		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Matthew Lull		
		Name of Person	
	MNR Lull LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	1279 W Palmetto Park Ro	1 #272762	
		Address	
	Boca Raton FL 33427		
	matt.nospammers@gmail.c	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi-	cation)
For further information c	oncerning this matter, please ca	all:	
Matthew Lull		305 850-7450	
		at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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
<u>Mailing Addres</u> Registration S		Street Address: Registration Sect	(additional copy is enclosed)
Division of C		Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MNR Lull LLC

2020 JAH 11: 03

(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 Liabi	lity Company were filed on 01/22/2004	and assigned
Florida document number L07000108384		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Ascension Holdings LLC		
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	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	x)	<del> </del>
B. If amending the registered agent and/or regis agent and/or the new registered office address h	· · · · · · · · · · · · · · · · · · ·	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres:	· - · · ·
-	, Flo	orida Zip Code
		rip Cinc

#### 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>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
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			□Remove
			Change

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	1/1/2020	
fective date, if other than t	he date of filing:	(optional)
		o date of filing or more than 90 days after filing.) Pursuant to 605,020 able statutory filing requirements, this date will not be listed as
	Department of State's records.	, , , , , , , , , , , , , , , , , , , ,
		an effective time, at 12:01 a.m. on the earlier o
The 90th day after the re	cora is mea.	
Jan I	2020	
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	Signature of a member or author	rized representative of a member