

LO8000072491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

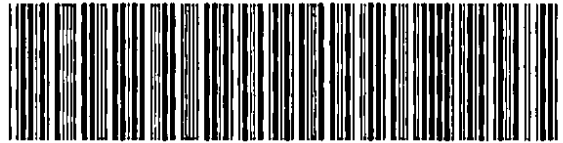
(Document Number)

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JUL 05 2019

SECRETARY OF STATE
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2019 JUN 24 PM 12:24

FILED

Handwritten signature

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDICAL MURALS 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:

RON HOLCOMB

Name of Person

MEDICAL MURALS LLC

Firm/Company

6830 WILLOWSHIRE WAY

Address

BRADENTON FL 34212

City/State and Zip Code

RONHOLCOMB@AOL.COM

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

For further information concerning this matter, please call:

RON HOLCOMB

407

792-8916

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**

MEDICAL MURALS, 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 07/28/2008 and assigned
Florida document number L08000072491.

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)

6830 WILLOSHIRE WAY

BRADENTON, FL 34212

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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2019 JUN 24 PM 12:24
SECRETARY OF STATE

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:

RON HOLCOMB

New Registered Office Address:

6830 WILLOWSHIRE WAY,

Enter Florida street address

BRADENTON

City

Florida 34212

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> |
|--------------|---------------|----------------------|--|
| MGR MS. | PAOLA HOLCOMB | 6830 WILLOWSHIRE WAY | <input type="checkbox"/> Add |
| | | BRADENTON FL 34212 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | RON HOLCOMB | 6830 WILLOWSHIRE WAY | <input checked="" type="checkbox"/> Add |
| | | BRADENTON FL 34212 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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[illegible]

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.

Dated JUNE 20th

2019

_____, 2019

 Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Paola Holcomb

Typed or printed name of signee