# 108000081172

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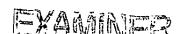
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11 JUN 23 AM 10: 09

SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

JUN 2 4 2011



# **COVER LETTER**

	egistration Section ivision of Corpor				
SUBJECT	T:	Thomas Pa	trick Murphy, LLC		
	- 100 100	Name of Limit	led Liability Company		<del></del>
The enclos	ed Articles of Am	endment and fee(s) are sub	mitted for filing.		
Please retu	rn all corresponde	nce concerning this matter	to the following:		
	-		Jeneanne Murphy		<del></del>
			Name of Person		
		Thom	as Murphy & Associat	es	
	_	***	Firm/Company		
		1055 Ke	ensington Park Dr Unit	: 405	
	-		Address		<del></del>
		Altan	nonte Springs, FL 327	14	
	-		City/State and Zip Code		<del></del>
	_	info@ F-mail address: (t	1orlandorealestate.co	m	
For further	information conc	erning this matter, please co	· .	t notification)	
	Jenean	ne Murphy	at (_407_)	432-4484	
	Name of Pe	rson	Area Code & D	aytime Telephone N	umber
Enclosed is	s a check for the fo	ollowing amount:			
		\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	Cer closed) Cer	00 Filing Fee, tificate of Status & tified Copy ditional 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

FREED SECRETARY OF STATE DIVISION OF CORPORATIONS

11 JUN 23 AM 10: 09

Thomas Patric (Name of the Limited Liability Compact (A Florida Limited Limite	ck Murphy, LLC pany as it now appears or I Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Compar	ny were filed on <u>Au</u>	gust 25, 2008	and assigned		
Florida document numberL08000081172					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lis	ability company here:				
Jeneanne M	/lurphy, LLC				
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Company,"	the designation "L	LLC" or the abbreviation		
Enter new principal offices address, if applicable:	283 Cranes Roo	st Blvd			
(Principal office address MUST BE A STREET ADDRESS)	Unit 104	Unit 104			
	Altamonte Spring	gs, FL 32701			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered registered agent and/or the new registered office address here.		records, <u>enter t</u>	he name of the new		
Name of New Registered Agent: Jeneanne	New Registered Agent: Jeneanne Murphy				
New Registered Office Address: 283 Crane	283 Cranes Roost Blvd, Unit 103				
	Enter Florida street address				
Alta	amonte Springs	, Florida	32701		
	City		Zip Code		
New Registered Agent's Signature, if changing Registered Agen	ıt:				

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 affice 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

Page 1 of 2

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>	Address	Type of Action
MGRM	Jeneanne Murphy	1055 Kensington Park Dr Unit 405 Altamonte Springs, FL 32714	Add Remove
MGRM	Thomas P Murphy	1055 Kensington Park Dr Unit 405 Altamonte Springs, FL 32714	Add ☑ Remove
			Add Remove
D. If amendi	ng any other information, enter change(	(s) here: (Attach additional sheets, if necessary.)	SECRETARY SECRETARY OF G 11 JUN 23
			Y OF STATE ORPORATIONS
Dated	06/09, 201	inne Mürpher	_
-	/ Jen	neanne Murphy r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00