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S. HAWKES
AUG 17 2010
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: MORRISTON GROUP, UC 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:						
EDwped Coeth Name of Person						
Monston Grap LLC Firm/Company						
2775 NW 49th Ave #411						
CCALA 7 34482 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Poured Coletti at (35) 732-9787 Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount: \$\begin{align*} \precequt{25.00 Filing Fee} & \precequt{330.00 Filing Fee} & \precequt{Certified Copy} & Certifie						

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

Moreuston (sloup,	UC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears ability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company vi Florida document number <u>LO900056497</u>	were filed on	6/9/2009	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here		10 E
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Compar	y," the designation "LLO	or the appreviation
Enter new principal offices address, if applicable:		-	型 P
(Principal office address MUST BE A STREET ADDRESS)			SE 5
		<u>-</u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		ur records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
·	Enter Florida street address		
	City	, Florida	Zip Code
	Cuy		zıр Coae

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.

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 = M MGRM =	anager Managing Member	•	
<u>Title</u>	Name	Address	Type of Action
	Gabriel Rispo	2775 NW49th AVE Ocola FL, 34482	Add Remove
			Add Remove
			Add 2:
	·		Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
D. If amer	Above Named 15 Monston Grap, C Now Voting Internation, enter change Above Named 15 Now Voting Internation, enter change Above Normalian, enter change Above Normalian Above Normalian	pe(s) here: (Attach additional sheets, if necess) Dow 10% Owners. Of LC Samot	sary.)
Dated	,	Dobriel Rosa	
	G Gourd Coeth GAG	r or authorized representative of a member RICI PISO or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00