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SECRETARY OF STATE

FILED SECRETARY OF STAIL OIVISION OF CORPORATIONS

COVER LETTER

Division of Corpo		•	ž.	nt.	
SUBJECT:	Francis Mo	tration LLC ited Liability Company			
	Name of Limi	ited Liability Company			
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.			
Please return all correspond	lence concerning this matter	to the following:			
	Grey Fr	Name of Person		_	
		Firm/Company			
	1315 S	AVANNAH LN Address		-	
	Woodstock	IL LOO98 City/State and Zip Code		-	
	Greg, F.	IL LOO98 City/State and Zip Code runc:s@ trum 50 K.C to be used for future annual report notific	cation)		
For further information con	cerning this matter, please ca				
Grey Free Name of P	erson	at (<u>489</u>) 239 - Area Code Daytime	690 \ Telephone Number	<u></u>	
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)	Certified	te of Stati	
Registrati	G ADDRESS: on Section of Corporations 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building		SECRETARY OF ST	Section of Christian Section 12 MAY 18 AH 9

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION

Fr	unces 1	10+10	ation	LLC				
(<u>Name of the Limiter</u>	Liability Compa Florida Limited I	ny as it now	appears on	our record	<u>s.</u>)			
		indomety Com	rpuny)	06/15	90 0 6/c	ρ _i ιι	,	
The Articles of Organization for this Limited Lia	bility Company	were filed	on Fra	ncis /	Motiv	1 L	l assigi	ned
Florida document number <u>L090005</u>	7092						Ü	
This amendment is submitted to amend the follow	ving:							
A. If amending name, enter the new name of t	he limited liab	ility compa	any here:					
ETW-LLC	Makel		flerer	re . 1	LLC	,		
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company	," the design	nation "LLC"	or the al	breviation	a "L.L.C	. ,,
Enter new principal offices address, if applical	ole:							<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)		· · · · · · · · · · · · · · · · · · ·	·		Sico	ú i	VISE ESE
			· ·			- 178 186	<u> </u>	S CR
						多	- 18	STATE TARE
Enter new mailing address, if applicable:								
(Mailing address MAY BE A POST OFFICE B	<i>QX</i>)					E ^m o_	- XZ-	P (5:
					·		်	ATI
		•			_	77 To-		
B. If amending the registered agent and/or			ss on ou	r records	, <u>enter</u>	the nai	ne of	the new
registered agent and/or the new registered offi	<u>ce address here</u>			/			\sim	
	0	_		4				arge
Name of New Registered Agent:	13usir	ess Fi	11ings	Lnw	ubora	ted	<u> </u>	— y
New Registered Office Address:	1200	South	Pine	Islan.	d I	2 ond	·· <u>·</u>	
		Ehi	ter Florida s	treet address	;			
	Plantal	roger		, Flo	rida	<u>333</u>	<u> </u>	
		City				Zip Co	ode .	
New Registered Agent's Signature, if changing Re	gistered 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.

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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	<u> </u>		Change SECRETAN SECRETAN OF SE
			FILED Remove STATE OF STATE OF STATE
			□ Add
			☐ Remove
			☐ Change

•

Effective date, if other than the date of filing:
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.
Dated May 2nd , 2015 . The SECRETARY SECRETARY OF CO. THE NAME OF CO. THE PARTY OF CO. THE
Signature of a member or authorized representative of a member Gray Francis Typed or printed name of signee

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Filing Fee: \$25.00