

L09000060485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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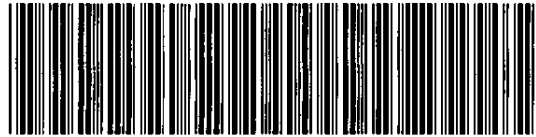
Special Instructions to Filing Officer:

A. LUNT

JUN 30 2009

EXAMINER

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2009 JUN 29 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MURRAY and RODRIGUEZ Capital, 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:

Joel Rodriguez
Name of Person

MURRAY and RODRIGUEZ Capital, LLC
Firm/Company

1880 Centennial Ave
Address

Saint Cloud FL 34769
City/State and Zip Code

joelrodrigueznealon@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel Rodriguez at (407) 617-3857
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**

MURRAY and Rodriguez Capital, 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 June 22 2009 and assigned Florida document number LO9000060485.

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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 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 = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Joel Rodriguez	1880 Centennial Ave Saint Cloud, FL 34769	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	BRANDON E. MURRAY	1200 Middle River DR. FT. LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	IR Investments, LLC	1880 Centennial Ave Saint Cloud, FL 34769	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MURRAY INVESTMENT GROUP, LLC	1200 Middle River DR. FT. LAUDERDALE, FL 33304	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated JUNE 23, 2009

Signature of a member or authorized representative of a member

Joel Rodriguez

Typed or printed name of signee

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