

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 Phone : (800)221-2972 Fax Number : (888)692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MISAMY, LLC

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SEP 29 2015

From:

09/28/2015 08:55

#124 P.002/004

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2015 SEP 28 AM 9: 56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MISAMY, LLC		
(Name of the Lim	ited Liability Company as it now appears o (A Florida Limited Liability Company)	u our records.)
The Articles of Organization for this Limited I Florida document number L09000076564	Liability Company were filed on	//2009 and assigned
This amendment is submitted to amend the fol	lowing:	
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 design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and registered agent and/or the new registered of		ur records, enter the name of the new
Name of New Registered Agent:	BLUMBERGEXCELSIOR CO	ORPORATE SERVICES, INC.
New Registered Office Address:	155 Office Plaza Dr: Enter Florida	ive, lst Fl.
	TALLAHASSEE	, Florida 32301
	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 605, 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.

of Changing Registered Agent, Signature of New Registered Agent Asst. Secretary, Zeina Hassoun

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If amending Authorized Person(s) authorized to manage	enter the title.	name, and address of e	ach person	heina added
or removed from our records:			desc ber son	Deing aducu

MGR = Manager AMBR = Authorized Member

<u>Title</u> MGR	Name Tory Taking hours (A	Address 2nd Floor Hewlett Bldg.,	
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ective date, if other than the dat neffective date is listed, the date must be te: If the date inserted in this block nument's effective date on the Depar	does not meet the applicat	date of filing or more than the statutory filing require	90 days after filing.) Pursuant to ements, this date will not be i	605,0207 (3)(b) isted as the
record specifies a delayed ef he 90th day after the record	fective date, but not is filed.	an effective time, a	t 12:01 a.m. on the ea	rlier of:
September 25	2015	_1		
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