# 109000093789

(F	Requestor's Name)	
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SECRETARY OF STATE

D. BRUCE

DEC 1 2009

EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co					4	<b>(</b>
SUBJECT: Floy	Colleger Bes S E. Name of Limit	States UC ited Liability Company	·			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Marius D	Name of Person				
		Firm/Company		·		
	146 Heather	Lake Dr Address				
	Orlando, Ot	City/State and Zip Code		SECRET	VON 60	ग्र
	MIROSAI4 (a	Jahoo. com		ARY YSSE	30	
For further information	concerning this matter, please c	to be used for future annual report notificall:	cation)	OF STATE, FLORE	AH 8: 2	ED
Marous Flay	C Of Person	at ( <u>321 ) 218- 9977</u> Area Code & Daytime	7 e Telephone Number	DA N	7	
Enclosed is a check for t	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	e of Status		d)

### **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



### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 27, 2009

MARCUS FLOYD 1216 HEATHER LAKE DR ORLANDO, FL 32824

SUBJECT: FLOYD ENTERPRISES & ESTATES, LLC

Ref. Number: L09000093789

We have received your document for FLOYD ENTERPRISES & ESTATES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 309A00034090



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

May Enterprises & Esta	les. UC	
(Name of the Limited Liability Co (A Florida Lim	pmpany as it now appears on our ited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com Florida document number	apany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the o	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		miger
(Principal office address MUST BE A STREET ADDRES	<u></u>	ACC 09
•		<u>₹</u> # <b>§ n</b>
		30 ARY ASSE
Enter new mailing address, if applicable:		m <sub>c</sub> <sub>k</sub> m
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		27 ATE ORIED
B. If amending the registered agent and/or registered	ed office address on our reco	rds, enter the name of the ne
registered agent and/or the new registered office address		and the mane of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	da street address
		Florida
	City	Zin 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action** Address Title <u>Name</u> Miriam G Green **∏**∕Add Remove ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated No Vendor 5 , 2019

Signature of a member or authorized representative of a member

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Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee