## L09000001035

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**EXAMINER** 



100187751051

11/16/10--01005--011 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MARCUS TRANSPORTATION SERVICES 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:
Ken Strong Name of Person
Kenneth T Strows CPA PA  Firm/Company  1916 Bol ADO PKWY
Address
Cape Gral & 33990 PR F
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ken Strong at (239) 574-6795   Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MARCUS TRANSPORTATION (Name of the Limited Liability Company (A Florida Limited Lia	Services LLC vas it now appears on our records.)		
(A Florida Limited Lia	ability Company)		
The Articles of Organization for this Limited Liability Company v	vere filed on 10/19/69 and assigned		
Florida document number <u>L09000101035</u>	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
MARCUS Homes, LLC The new name must be distinguishable and end with the words "Limite"			
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	7AL 20		
(Principal office address MUST BE A STREET ADDRESS)			
	ASSE T		
Enter new mailing address, if applicable:	FIGURE D		
(Mailing address MAY BE A POST OFFICE BOX)	DE L		
B. If amending the registered agent and/or registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City Zip Code		
New Designand Agent's Signature if changing Designand 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 = Ma MGRM =	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
•			Add Remove
			Remove
			Add Remove
<del></del>			Add Remove
			NO NO TO ASSESS PROMINOVE
			7 R I
			### And
D. If amen 	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessar	y.)
_	<del></del>		
_			
Dated	Hovember 12 / j	es Mun	
	Signature of a med	mber or authorized representative of a member	
		wheel or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00