

L10000034472

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2012 OCT 29 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

OCT 30 2012

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MCGURN-WARREN 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:

**MICHELLE DY**

Name of Person

**CONVERGENT MANAGEMENT LLC**

Firm/Company

**4600 WEST CYPRESS STREET SUITE 120**

Address

**TAMPA FL 33607**

City/State and Zip Code

**MICHELLE@CONVERGENTCAP.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**MICHELLE DY**

Name of Person

at ( 813 )

**386-4908**

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

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TALLAHASSEE, FLORIDA

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

**MCGURN-WARREN 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 3/30/2010 and assigned  
Florida document number L10000034472

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)**

4600 WEST CYPRESS STREET

SUITE 120

TAMPA FL 33607 US

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

4600 WEST CYPRESS STREET

SUITE 120

TAMPA FL 33607 US

**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:

4600 WEST CYPRESS STREET SUITE 120

*Enter Florida street address*

TAMPA

*City*

Florida

33607

*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.*

*[Signature]*  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CONVERGENT MANAGEMENT LLC	3105 WEST WATERS AVENUE, SUITE 107 TAMPA FL 33614 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	CONVERGENT MANAGEMENT LLC	4600 WEST CYPRESS STREET SUITE 120 TAMPA FL 33607 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 OCT 29 PM 1:38

FILED

Dated

10/25/2012

Signature of a member or authorized representative of a member

Santosh Govindaraju

Typed or printed name of signee