## 2/0000085931

(	Requestor's Name)	
	(Add)	
(	Address)	
(	(Address)	
(	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL MAIL
(	Business Entity Name)	
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	Document Number)	
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**EXAMINER** 

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## **COVER LETTER**

TO: Registration Division of C			
SUBJECT:	Change in N	Managing Members	Section 1981
		ited Liability Company	
			Company of the second
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	No. of the second
Please return all corres	pondence concerning this matte	r to the following:	~3
			Es E
		Diane Frances Tente	2011 JAN 31 PH 3: 35 SECRETARY OF STATE TALLAH ASSEE, FLERING
		Name of Person	HARSEE.
			SST
	M	etamorphic HCG, LLC	
		Firm/Company	
	વ	74 Eagle Creek Circle	
		Address	· ·
		Lake Mary, FL 32746	
		City/State and Zip Code	
	diane	e@metamorphichcg.com to be used for future annual report noti	fication
			·
For further information	concerning this matter, please of	call:	
Dian	e Frances Tente	at (_407_)	302-2666
	of Person		ne 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)
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive Corpor Tallahassee, FL 3	on orations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N	<u>fetamorphic HCG, LLC</u>		
( <u>Name of the Limited</u> (A	Liability Company as it now app Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Lie			and_assigned
Florida document number L1000085	931	Ĭ	and assigned
This amendment is submitted to amend the follo	wing:		31 PR
A. If amending name, enter the new name of	the limited liability company h	<u>iere</u> :	
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Con	npany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applica	ıble:		
(Principal office address MUST BE A STREET	( ADDRESS)		
Enter new mailing address, if applicable:	<u></u>		
(Mailing address MAY BE A POST OFFICE L	<u></u>		
B. If amending the registered agent and/o		our records, <u>enter t</u>	he name of the nev
registered agent and/or the new registered off	ice address nere:		
Name of New Projectored Assets			
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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = M	Sanaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Lisa K. Lind	1146 Greensboro Blvd, #206 Heathrow, FL 32746	Add  Remove
MGRM	David N Tente	374 Eagle Creek Circle Lake Mary, FL 32746	Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if necessa	PILED  2011 JAN 31 PH 3: 35  SECRETARY OF STATE  LAHASSEE FLORIGA
Dated	,	································	<b>.</b> ,
	_	aber or authorized representative of a member Diane Frances Tente	
		ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00