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CORPORATE ACCESS, _

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INC.

236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

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K	РНОТОСОРУ	
Ì	CUS	
K	FILING	AMENDMENTS
	MURPHREE LAND HO	
(CORPORATE NAME AND DOCUM	MENT#)
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ΑI	INSTRUCTIONS:	

COVER LETTER

TO:	Registration Se Division of Co			
(1175.15)		EE LAND HOLDINGS, LLC		
SUBJE	CI;	Name of Lim	ited Liability Company	
The end	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		IRIS ARCIA		
		MURPHREE LAND HOL	Name of Person DINGS, LLC	
			Firm-Company	
		6735 CONROY WINDER	MERE ROAD, SUITE 401	
		ORLANDO, FLORIDA 3	Address 2835	•
			City/State and Zip Code LDINGS.COM	
		E-mail address: (to be used for future annual report notif	ication)
For furt	her information c	oncerning this matter, please c	all:	
IRIS Al	RCIA		863 229-1081	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	he 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 biling 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/COURTER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MURPHREE LAND HOLDINGS, 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 Lia Florida document numberL11000038961	bility Company were filed on	March 31, 2011	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company h	nere:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the	designation "LLC" or the abbre	
Enter new principal offices address, if applica	ble:	. · ·	60
(Principal office address MUST BE A STREET	ADDRESS _I		
			2 (1)
Enter new mailing address, if applicable:	- -	·	
(Mailing address MAY BE A POST OFFICE B	<u>OX</u> ;		
B. If amending the registered agent and/o registered agent and/or the new registered offi		n our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida street address	
		, Florida	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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	THOMAS FALZ	6735 Conroy Windermere Road, Suite 401	🖸 Add
-		Orlando, Florida 32835	
			📰 Remove
MCD		—	Change
MGR	ULRICH FALZ	Suite 401	⊞ ∧dd
		Orlando, Florida 32835	
			El Remove
			□ Change
		:	Add
			Remove
			Change
			🗆 Add
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		-	🗆 Add
			□ Remove
			□ Change

D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
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(If an effective of Note: If the	date, if other than the date of filing:
If the record ((b) The 90th	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of day after the record is filed.
Dated	November 2 2018 /
	Signature of a member of authorized representative of a member
В	enjamin W. Hardin, Jr.
	Typed or printed name of signce

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Filing Fee: \$25.00