

L12000054657

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

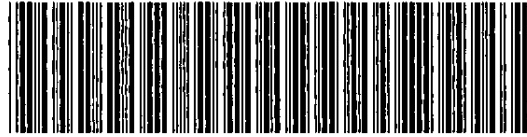
\_\_\_\_\_  
(Business Entity Name)

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

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TALLAHASSEE, FLORIDA

J. BRYAN

JUL 30 2012

EXAMINER

**ROBERT KIT KOREY, P.A.**  
**KOREY, SWEET, MCKINNON & SIMPSON**  
Attorney and Counselors at Law

Robert Kit Korey, P.A.  
Jeffrey C. Sweet  
Noah C. McKinnon, Jr., P.A.  
Scott E. Simpson, P.A.  
Abraham McKinnon  
R. Kevin Korey  
Adam K. Dunn

Suite A, Granada Oaks Professional Building  
595 West Granada Boulevard  
Ormond Beach, Florida 32174  
Telephone (386)677-3431  
Telefax (386)673-0748

July 26, 2012

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

VIA FEDERAL EXPRESS

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

RE: Amendment to Articles of Organization

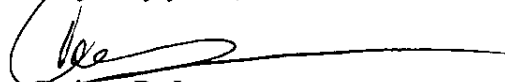
Madam:

Enclosed please find an Amendment to the Articles of Organization for filing on MegaConn, LLC.

I have enclosed a check in the amount of \$25.00 payable to the Department of State to cover the filing fee.

Should you have any questions regarding these enclosures, please do not hesitate to contact me.

Very truly yours,

  
Carleen R. Jones  
Legal Assistant to R. Kevin Korey

:crj  
enclosures

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MEGACONN, 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:

R. Kevin Korey, Esq.  
Name of Person  
Robert Kit Korey, PA  
Firm/Company  
595 W. Granada Blvd., Ste. A  
Address  
Ormond Beach, FL 32174  
City/State and Zip Code  
romonameneough@aol.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Carleen Jones at ( 386 ) 677-3431 x 227  
Name of Person 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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

MEGACONN, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on April 18, 2012 and assigned  
Florida document number L12000054657.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

*Enter Florida street address*

City, 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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

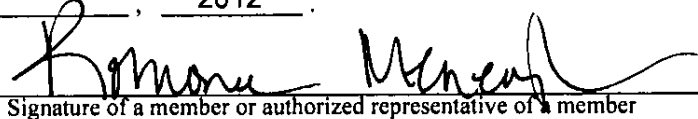
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Donald Burke	1715 Goosecross Ct. Port Orange, FL 32128	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	James Brittian	1413 Peachtree Road Daytona Beach, FL 32114	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<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.)

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

Dated July 26, 2012

  
Signature of a member or authorized representative of a member

Romona Meneough  
Typed or printed name of signee

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