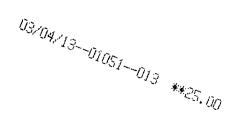
L12000093745

(Requestor's Name)
(Address)
(Address)
(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Harne)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200245250302



SECRETARY OF SIGNATURES

C. LEWIS

MAR - 5 2013

EXAMINER

COVER LETTER

Registration Section TO: **Division of Corporations** 474 MUNGER SERVICES, LLC SUBJECT: 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: LANCE MUNGER Name of Person MUNGER SERVICES, LLC Firm/Company 40 S. 4th STREET Address SANTA ROSA BEACH, FL 32459 City/State and Zip Code theotheroffice.eb@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LANCE MUNGER Name of Person 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)

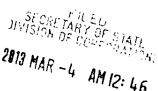
□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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



			* 70	
Munger Serv	ices, LLC			
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appea	rs on our records.)		
(A Florida Limito	ed Liability Company)			
The Articles of Organization for this Limited Liability Comp.	any were filed on	July 19, 2012	and assigned	
	any were med on		and assigned	
Florida document number <u>L12000093745</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	liability company he	re:		
N/A				
The new name must be distinguishable and end with the words "L.L.C."	limited Liability Comp	any," the designation "Ll	LC" or the abbreviation	
Enter new principal offices address, if applicable:	N/A			
(Principal office address MUST BE A STREET ADDRESS	2			
Enternment with a different formation of	N/A			
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 onton th	so name of the name	
registered agent and/or the new registered office address		our records, enter th	ie name of the new	
Name of New Registered Agent:	N/A			
New Registered Office Address:			<u></u>	
	Enter Florida street address			
WART		, 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 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: 2013 MAR -4 AM 12: 46 MGR = Manager MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** Timothy D. Stevenson 4266 Lancaster Dr. **MGRM** Niceville, FL 32578 Remove Remove Remove Remove Remove

D. If a	amending any other information, enter change(s) here: (Attach additional sheets, if ne	cessary.)
		TSION LATER DE
		HAR -4 AM 12: 46
Dated _	February 26 2013	
	2 = = =	
	Signature of a member or authorized representative of a member	
	Lance D. Munger	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00