# L1200012438

(R	Requestor's Name)	
(A	Address)	
(A	\ddress)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(0	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only





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T. BROWN

## COVER LETTER.

TO: Registration Section Division of Corporations
SUBJECT: Bob Morgan LL C. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for tiling.
Please return all correspondence concerning this matter to the following:
John Dobson Name of Person
Tean Martet 600p
69 E Pine St.
Orlando Fl 32801
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 496-7254  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Sta

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314

### STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

# ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF  Bob Morga L  (Name of the Limited) Liability Company as it now appears on our records.)
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(Name of the Limited) Liability Company as it now appears on our records.) (X Florida Limited Liability Company)
(X Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{9/28}{2017}$ and assigned
Florida document number L12 00012438 \.
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 "Lamited 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)
Totaling data to Mary DE A COST OF FICE 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 Nam Davissand Assess
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
. Florida

### 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.

Cuv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	Name	Address	Type of Action
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Page 3 of 3

Filing Fee: \$25.00