

L12000136486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000241490980

11/14/12--01016--004 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2012 NOV 14 PM 1:58

C. LEWIS
NOV 15 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MLon 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:

MARY Lon WATKINS
Name of Person

MLon LLC
Firm/Company

780 N.E 69th #1704
Address

Mia Fla 33138
City/State and Zip Code

MW2983 @ AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY Lon WATKINS at (770) 813-1861
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2012 NOV 14 PM 1:58

MLON, 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 Liability Company were filed on 10-26-12 and assigned
Florida document number L12000136486.

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

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

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MR	LEWIS, Freedom	P.O Box 1182	<input type="checkbox"/> Add
		Norcross GA 30092 US	<input checked="" type="checkbox"/> Remove
MR	LEWIS, Freedom	P.O Box 1182	<input type="checkbox"/> Add
		Norcross GA 30092 US	<input checked="" type="checkbox"/> Remove
MGRM	WATKINS, Mary L	780 N.E 69 th #1704	<input checked="" type="checkbox"/> Add
		Mia, Fla 33138	<input type="checkbox"/> Remove
MGRM	WATKINS, Mary L	780 N.E 69 th #1704	<input checked="" type="checkbox"/> Add
		Mia, Fla 33138	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2012 NOV 14 PM 1:58

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

2012 NOV 14 PM 1:58

Dated 11-13, 12

Mary Lon Watkins

Signature of a member or authorized representative of a member

MARY LON WATKINS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00