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(Re	equestor's Name)		-
(Ad	dress)		-
(Ac	ldress)		_
(Cit	ty/State/Zip/Phone	∍ #)	_
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nan	ne)	_
(Do	ocument Number)		_
Certified Copies		s of Status	_
Special/Instructions to	Filing Officer:]
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J. SAULSBERRY EXAMINER

SEP 6 2013

COVER LETTER

Division of Corporations	
SUBJECT: Mission 1 Enterprise 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:	
Werdy S. Catet Name of Person	
Firm/Company	
1733 may Street unit 1	
HONYWOOD FC 33020 City/State and Zip Code	2013 SEI
E-mail address: (to be used for Juture annual report notification)	SE S
For further information concerning this matter, please call:	
Wency S. CAUCH at 850 294-9346 Name of Person Area Code & Daytime Telephone Number	3. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	ite of Status &

MAILING ADDRESS:

TO:

Registration Section

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

Mission 1 Forecoise

(Name of the Limited Liability Combany as (A Florida Limited Liability	it now appears on our records.) ty Company)	
The Articles of Organization for this Limited Liability Company were Florida document number <u>L1200014816716</u> .	filed on NOVEMBER 28,2012 and assign	ed
This amendment is submitted to amend the following:		~
A. If amending name, enter the new name of the limited liability of	company here:	
The new name must be distinguishable and end with the words "Limited Li" L.L.C."	iability Company," the designation "LLC" or the abbr	eviation
Enter new principal offices address, if applicable:	2813 S	
(Principal office address MUST BE A STREET ADDRESS)	ें दें	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-4 AM 9: 22	
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	address on our records, enter the name of t	he new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Disable	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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** <u>Name</u> **Address Type of Action** MGR Wendy S. CADRY 1733 mayo street unit 1 Add

		40114Wood, FC33070	Remove
MGRM	Gregery L. EIIIOH	1733 MALD SHEET WITH 1 HOHYWOOD, FL 33020	
MGR	CACIET, WENCY SMS	1733 mayo street unit 1 4014Wood, FC33020	
MGRM	Ellioth Gregery LYR	1733 MALD SHEEL LAIHI HOHYWOOD, FL 33020	
			Add Remove Alt 9: 25 Add

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