13000011103

(Requestor's Name)		
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COVER LETTER

	gistration Sec vision of Corp			
CUPLECT		IcCumber ENTERPRISES, LI	LC	
SUBJECT:			ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		Carol Baillie, EA		
			Name of Person	
		% M. H. Baillie & Associa	ites, Inc.	
			Firm/Company	<u> </u>
		1500 NE 51 Street		
			Address	
		Fort Lauderdale, FL 33334	4-5710	
			City/State and Zip Code	<u> </u>
		mhbassociates@bellsouth.ne		
		E-mail address: (t	to be used for future annual report no	tification)
For further i	nformation co	ncerning this matter, please ca	ill:	
Carol Bailli	e, EA		954 491-5114 at ()	
	Name of	Person ·	Area Code Dayti	me Telephone Number
Enclosed is	a check for the	e following amount:		
\$25.001	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

ROBERT McCumber Enterprises,				
(Name of the Limi	ted Liability Compa (A Florida Limited)	iny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited L	iability Company	were filed on 1/22/20	013	and assigned
Florida document number L13000011103	•			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
NA				
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the design	ation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applie	eable:	NA		
(Principal office address MUST BE A STREE	ET ADDRESS)		<u> </u>	等 坊
				8
				19
Enter new mailing address, if applicable:		NA		m - 173
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and registered agent and/or the new registered o	or registered of	ffice address on ou	r records, enter the	name of the new
registered agent and of the new registered o	ince audiesa neri	<u> </u>		
Name of New Registered Agent:	Joanne McCum	iber		
New Registered Office Address:	788 SW Hidde	n River Avenue		
		Enter Florida s	treet address	
	Palm City		, Florida	2002
		City	2	lip 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 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.

Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			□ Change
			Add
	-		□ Remove
			5
			SS Remove
			PR Change
			28 20 Add
			Remove
			□ Change
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	N		□ Remove

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		28 10 10 10 10 10 10 10 10 10 10 10 10 10

		L. Marie
		<u></u>
Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bloocument's effective date on the Defeated in the Defeated	be specific and cannot be prior to date of filing ock does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605.0207 (3 y filing requirements, this date will not be listed as th
the record specifies a delayed) The 90th day after the rec		live time, at 12:01 a.m. on the earlier of:
Dated November 10	2015	
Robert & m	Cumba	
	Signature of a member or authorized represer	ntative of a member
ROBERT L. McCumbe		

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Filing Fee: \$25.00