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T. MATTHEWS NOV - 1 2021

COVER LETTER

TO:

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TO: Registration Section Division of Corporations
SUBJECT: Murply Holdings Investments 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:
DAVID A NAIL CPA Name of Person
Diversified Accig + tax, LLC
4919 W. McEleoy Ave
City/State and Zip Code Out C A G G mail. Com E-mail address: to be used for figure annual report notification)
For further information concerning this matter, please call:
Name of Person at (8/3) 368-2264 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scentificate of Status S55.00 Filing Fee Scentified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (cadditional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Murphy Holdings ?	INUCS TOMORTO LEGG 34
/ (Name of the Limited Liability Compar (A Plorida Limited L	nv as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $4/25/2013$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	
Euter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Ewer Florida street address
	. Florida
New Registered Agent's Signature, if changing Registered Agent:	City/ Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	verformance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

If 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 = Manager AMBR = Authorized Member Address

P Michael Regina 815 Water Street - Apt B 1802 - Remove

Apt B Title Apr 607 (1) Remove TAMPA FL 3360Z OCHange □Remove □ Change \square Add □Remove **□**Change □Remove □ Change □Add □Remove

□ Chan**g**e

	
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(If an effecti <u>Note:</u> If t	date, if other than the date of filing:
f the record specord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	OCT 20 2021.
	Signature of a member or authorized representative of a member
	David Ail CP4 Typed or printed name of signee

Filing Fee: \$25.00