

L13000090070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2013 OCT 24 AM 9:18
J. SAULSBERRY
EXAMINER

OCT 25 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: m36 Holdings, 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:

Pamela M. Florian
Name of Person

m36 Holdings LLC
Firm/Company

180 N. Westmonte Drive, Suite 2-A
Address

Altamonte Springs, Florida 32714
City/State and Zip Code

pamela@securityfinancial.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela M. Florian at (407) 661-9700
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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

2013 OCT 24 AM 9:18
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

M3G Holdings, 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 6-21-13 and assigned
Florida document number L-13000090070

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)

180 N. Westmonte Drive
Suite 2-A
Altamonte Springs, FL 32714

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:

Troy S. Blanchard

New Registered Office Address:

2207 Mount Vernon Street

Enter Florida street address

Orlando

City

Florida 32803

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>mgrm</u>	<u>Patrick J. Thompson</u>	<u>180 N. Westmonte Drive</u>	<input type="checkbox"/> Add
		<u>Altamonte Springs, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>32714</u>	
<u>mgr</u>	<u>Guillermo Baccera</u>	<u>180 N. Westmonte Drive</u>	<input type="checkbox"/> Add
		<u>Altamonte Springs, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>32714</u>	
<u>mgr</u>	<u>Marlene Hart</u>	<u>180 N. Westmonte Drive</u>	<input type="checkbox"/> Add
		<u>Altamonte Springs, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>32714</u>	
<u>mgrm</u>	<u>Walter O. Bennett</u>	<u>180 North Westmonte Drive</u>	<input checked="" type="checkbox"/> Add
		<u>suite 2-E</u>	<input type="checkbox"/> Remove
		<u>Altamonte Springs, FL</u>	
		<u>32714</u>	
<u>mgr</u>	<u>Bill Mabey</u>	<u>180 N. Westmonte Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Altamonte Springs, FL</u>	<input type="checkbox"/> Remove
		<u>32714</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

please add Suite 2-A to our
main principal address and mailing address

Dated Friday October 18, 2013

Pamela M. Florian

Signature of a member or authorized representative of a member

Pamela M. Florian

Typed or printed name of signee

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Filing Fee: \$25.00

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STATE
OFFICE OF
CLERK OF
COURT
FLORIDA