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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: _____

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:

John A. Dwyer

Name of Person

John A. Dwyer, Esquire

Firm/Company

506 North Alexander Street

Address

Plant City, Florida 33563

City/State and Zip Code

jadwyer@plantcitylawyers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jo	hn A. Dwyer		at	813	754-	1198		II Si	-11
	Name of	Person		Area Code		Daytime Telephone Number		EP 24 B	
En	closed is a check for th	e following amount:					· · · · ·		به ۲۰۰۰ م و ۲۰۰۰ می
	\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Ce	.00 Filing F rtified Cop ditional copy	y	\$60.00 Filing Certificate (sed) Certified Co (additional co)	of Status &		•

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

MAURJIN 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 December 13, 2013 and assigned Florida document number L13000172280

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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	E BOX)	4302 Airport Road		2.0	20	
		Plant City, Florida 33563			5	
B. If amending the registered agent and	d/or registered offi	ce address on our record	ls, enter	theinam	- P 2	the new
registered agent and/or the new registered of					AH	المعادي المعادي
Name of New Registered Agent:	James A. Studdife	ord			- 	•*
New Registered Office Address:	4302 Airport Roa	d			יש	
		Enter Florida street addre	255			
	Plant City	, F	lorida 33	563		
		City		Zip Coo	le	

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 chan

ge.	/hi	?.		
	Agu	nell		
If Changi	ag Registered Ag	ent, <u>Signature of</u>]	New Registered Agent	2
Page 1 o	of 3			

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

. MGR = Manager

.

AMBR =	Authorized	Member
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<u>Title</u>	Name	Address	Type of Action
			O Add
			C Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 18 2018 henature of a member or authorized representative of a member James A. Studdiford Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00