

L13000173817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

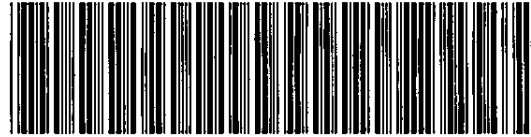
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500254907445

01/13/14--01006--010 **25.00

FILED
2014 JAN 13 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 15 2013

T. HAMPTON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Morrell Automotive 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:

Clausen D. Morrell IV

Name of Person

Morrell Automotive LLC

Firm/Company

9889 Gate Pkwy Bldg 300 Suite 303

Address

Jacksonville, Florida 32246

City/State and Zip Code

Morrellautomotive.com

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

For further information concerning this matter, please call:

Clausen D. Morrell IV

Name of Person

904 703-2824

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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**

Morrell Automotive LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2014 JAN 13 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/17/2013 and assigned
Florida document number L13000173817.

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)

9889 Gate Pkwy Bldg 300 Suite 303

Jacksonville, Florida 32246

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9889 Gate Pkwy Bldg 300 Suite 303

Jacksonville, Florida 32246

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
2014 JAN 13 PM 1:21
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

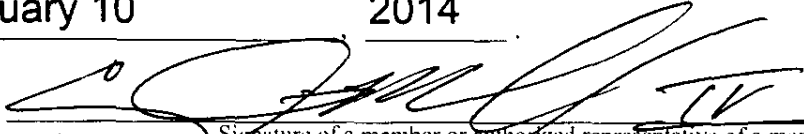
Needs to read: (MGRM) Clausen D. Morrell IV

Just adding (IV) to the name.

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 more than 90 days after filing.) (605.0207 (3)(b))

Dated January 10 2014



Signature of a member or authorized representative of a member

Clausen D. Morrell IV

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

2014 JAN 13 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA