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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Sullivan & Mooty 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:
Kimberly Mooty Name of Person
Sullivan & Mooty LLC Firm/Company
72101 Town Cot Blub Suite 139 Address
U'era Fr 32940 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (321) 426 008  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25,00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Box Certificate of Status \$\Bigcup \$55.00 Filing Fee & Box Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$60.00 Fi

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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

FILED

Sullivan & Moo	4 - LLC ZU19 MAR 22 PM 3: 38		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)		
<b>(</b> -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	ed Liability Company)		
The Articles of Organization for this Limited Liability Compar	ny were filed on $\sqrt{a_0}$ , $\sqrt{o_5}$ , $\sqrt{2014}$ and assigned		
Florida document number L14 000004265.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	Same		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	sane		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have	office address on our records, enter the name of the new nere:		
Name of New Registered Agent: Same			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street address		
	. Florida		
	City Zip Code		
New Registered Agent's Signature, if changing Registered Ager	ot:		
provisions of all statutes relative to the proper and comple	as provided for in Chapter 605, F.S. Or, if this document is		

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

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Filing Fee: \$25.00