1111000035192

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FEBOR INTRACTION

COVER LETTER

TO:		stration Secti sion of Corpo								
CHD IE		QUILT FABRIC SUPPLY, LLC								
SUBJE	UI;			ed Liability Company						
The encl	losed	Articles of Ar	nendment and fee(s) are subm	itted for filing.						
Please re	eturn a	all correspond	ence concerning this matter to	the following:						
			DIANE SHEPHERD							
				Name of Person		-				
			MNE, LLC							
				Firm/Company						
			1223 SW NEWTON CIR							
				Address						
			FORT WHITE, FL 32038							
				City/State and Zip Code	·· .	•				
			WHICHOLDSTITCH@GMA							
			E-mail address: (to	be used for future annual rep	ort notification)					
For furth	ner inf	formation con	cerning this matter, please call	l:						
DIANE	SHE	PHERD		352 260-1 at ()						
		Name of Po	erson	Area Code	Daytime Telephone Number					
Enclosed	d is a	check for the	following amount:							
■ \$25.	00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certified	te of Status &				

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

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 13, 2017

DIANE SHEPHERD 1223 SW NEWTON CIR FORT WHITE, FL 32038

SUBJECT: QUILT FABRIC SUPPLY, LLC

Ref. Number: L14000035192

We have received your document for QUILT FABRIC SUPPLY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and in being seturated for the filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P11000075047.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Name corrected and attached

Jenna D Harris Regulatory Specialist II

Letter Number: 917A00000867

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUILT FABRIC SUPPLY, LLC		
(<u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	y Company were filed on MARCH 3, 2014	and assigned
Florida document number L14000035192		
This amendment is submitted to amend the following	î:	
A. If amending name, enter the new name of the l	limited liability company here:	
MNE. LLC MNE Ventures LL The new name must be distinguishable and contain the words "	C	
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the ab	previation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
		7 38
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	3 3 3 5 6
		N.
		72
 If amending the registered agent and/or registered agent and/or the new registered office a 	· 	the name of the nev
egister ou agent and of the new registered orner a		
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 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 **Type of Action** <u>Title</u> **Address** Name □ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change _□ Add □ Remove □ Change

☐ Change

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·		····		
				
				
				
Effective date, if other than the da	JANUAR	Y 1, 2017	(optional)	
f an effective date is listed, the date must be	e specific and cannot be price	r to date of filing or more th	an 90 days after filing.) Purs	suant to 605.02
Note: If the date inserted in this block locument's effective date on the Department.			irements, this date will	not be listed
e record specifies a delayed e		ot an effective time,	at 12:01 a.m. on t	he earlier:
The 90th day after the record	d is filed.			
JANUARY 7	2017			
Dated	,	 -	4° m	
(VIANIXX	henters			
Si	gnature of a member or auti	norized representative of a r	nember	
				7 FEB
DIANE SHEPHERD				-

Page 3 of 3

Filing Fee: \$25.00