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Special Instructions to	Filing Officer:	

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# ATTORNEYS CORPORATION SERVICE, INC. 5668 EAST 61<sup>ST</sup> STREET COMMERCE, CA 90040

TEL: (800) 462-5487 ext.133 FAX: (800) 388-0330 EMAIL: ttran@attorneyscorpservice.com

#### DOCUMENT FILING REQUEST LETTER

### REGULAR / EXPEDITE FILING SERVICE

DATE: 4/11/2014

FROM: TENG TRAN

Client Matter: #

TO: DEPARTMENT OF STATE

**DIVISION OF CORPORATIONS** 

CLIFTON BUILDING

2661 EXECUTIVE CENTER CIRCLE

TALLAHASSEE, FL 32301

ATTN: DOCUMENT FILING DIVISION

RE: Mohr Crawford Ness LLC

Enclosed is one of the following: (1) Articles of Amendment

Return request with filing: (1) Plain Copy

Return request via following: (X) Priority Mail/Email

Total Page(s) attached including transmittal page: ( )

\*\*Fax/Email a copy of the filed documents upon acceptance of filing\*\*

# \*\*PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO: ATTORNEYS CORPORATION SERVICE, INC.\*\* 5668 E. 61st STREET COMMERCE, CA 90040

\*\*PLEASE CONFIRM UPON RECEIVED DOCUMENTS\*\*

NOTE(S):

# **COVER LETTER**

TO: Registration Secti Division of Corpo		
Mohr (	Crawford Ness LLC	
SUBJECT: IVIOTII	Name of Limited Liability Company	
The enclosed Articles of An	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	Teng Tran	
	Name of Person	
	Rocket Lawyer	
	Firm/Company	
	5668 E 61st St	
	Address	
	Commerce CA 90040	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information cond	ncerning this matter, please call:	
Teng Tran		
Name of Pe	Person Area Code Daytime Telephone Number	
Enclosed is a check for the	following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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

Mohr Crawford Ness LLC		
(Name of the Limited Lia	bility Company as it now appears on our record rida Limited Liability Company)	<u>(s.</u> )
The Articles of Organization for this Limited Liability	y Company were filed on 04/03/14	and assigned
Florida document number L14000054450	<del></del> ,	
This amendment is submitted to amend the following	;;	
A. If amending name, enter the new name of the l	imited liability company here:	3: 49 CORNOL
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		A A Water
(Principal office address MUST BE A STREET AD	DRESS)	
	44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S
	, Flo	orida
	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>Address</u> **Type of Action** <u>Title</u> <u>Name</u> Darren Crawford 195 River Dr **AMBR** □ Add Melbourne Beach, FL 32951 
■ Remove □ Add ☐ Remove \_□ Add ☐ Remove APR 15 PH 20 49 ☐ Add ☐ Remove □ Add ☐ Remove

amending any other information, enter change(s) here: (Attach o	additional sheets, if necessary.)
	P-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Effective date, if other than the date of filing:  The effective date must be specific, cannot be prior to date of receipt or filed date and c the date this document is filed by the Florida Department of State)	(optional) annot be more than 90 days after
Dated April, 7th, 2014	
TOMO I AM	
Signature of a member or authorized represe	ntative of a member

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Page 3 of 3

Filing Fee: \$25.00