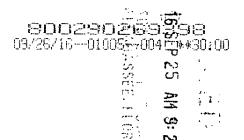
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COVER LETTER

Division of Corporations Registration Section TO:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all corresponde

cerning this matter, please call:
E-mail address: (to be used to future annual report notification)
City/State and Zip Code
Tallahassee Hotida 3231
searbA
978 Richardson RD
Magan Manuel Hooring LL
Mame of Person
Loursell as Tolla Costillation
ence concerning rais matter to the tohowing:

For further information conc

Daytime Telephone Number Name of Person

(additional copy is enclosed) Certified Copy Certificate of Status & ,ee9 gnili7 00.00\$

(additional copy is enclosed) Certified Copy å 55.00 Filing Fee &

& 330.00 Filing Fee & Enclosed is a check for the following amount:

525.00 Filing Fee

Registration Section STREET/COURIER ADDRESS:

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

WYILING ADDRESS:

Certificate of Status

Tallahassee, FL 32314 P.O. Box 6327 Division of Corporations Registration Section

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Morgan P	Mance /	Hooring	LLC		
(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appe Liability Company	ears on our record)	<u>ls.</u>)	_
The Articles of Organization for this Limited Li Florida document number	ability Compan	y were filed on _	9/26/1	Lean	d assigned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited lia	bility company	here:		
The new name must be distinguishable and contain the w Enter new principal offices address, if applications of the contain the with the contain the contain the with the contain th	able:	ility Company," the	e designation "LLC	?" or the abbreviatio	on "L.L.C."
TITICIPAL OFFICE MANTESS MOST BE A STREE	I ADDKESS)				·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			7. 7. 9.	15 SED 25
B. If amending the registered agent and/registered agent and/or the new registered of			on our record	s, enter the na	ame of the ne
Name of New Registered Agent:	Nath	ew Hor	gan W	anuel	
New Registered Office Address:	978	Ki Chaj Enter F	Oslorida street addres	<u>n</u>	
•	Talla	hasset City	, FI	orida <u>37</u>	.3 01 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

Page 1 of 3

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 = Au	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	William H Copeland	1813 Sunset Ln	Z Add
		Tulluhusser FL 32303	Remove
			Change
			Add
			☐ Remove
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an effective date is listed, the ote: If the date inserted i	han the date of filing:e date must be specific and can in this block does not meet on the Department of State	the applicable stat					
e record specifies a d The 90th day after t	delayed effective date the record is filed.	e, but not an e	fective time, at	: 12:01 a.m. d	n the	earli	er
ated	,,,,						
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Page 3 of 3

Filing Fee: \$25.00