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15 JUN 24 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 25 2015

J SHIVERS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** STEVEN G. MOBLEY 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:

PATRICIA K HAGAN

Name of Person

PATRICIA K. HAGAN, CPA

Firm/Company

1651 W HIGHWAY 90

Address

BAKER FL 31531

City/State and Zip Code

TAXPATH@AOL.COM

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

For further information concerning this matter, please call:

PATRICIA K HAGAN                      850                      683-8895  
at (                      )  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

STEVEN G. MOBLEY LLC

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

The Articles of Organization for this Limited Liability Company were filed on 4/25/2014 and assigned  
Florida document number L14000072388.

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 contain 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)**

1651 W HIGHWAY 90

BAKER FL 32531

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1651 W HIGHWAY 90

BAKER FL 32531

**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:

PATRICIA K HAGAN

New Registered Office Address:

1651 W HIGHWAY 90

*Enter Florida street address*

BAKER

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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TAMMY M JONES	1651 W HIGHWAY 90	<input checked="" type="checkbox"/> Add
		BAKER FL 32531	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEVEN G MOBLEY	1651 W HIGHWAY 90	<input type="checkbox"/> Add
		BAKER FL 32531	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	STEVEN G MOBLEY	1651 W HIGHWAT 90	<input checked="" type="checkbox"/> Add
		BAKER FL 32531	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TAMMY M JONES	1651 W HIGHWAY 90	<input checked="" type="checkbox"/> Add
		BAKER FL 32531	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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TALLAHASSEE, FLORIDA

**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 prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JUNE 16 2015

Signature of a member or authorized representative

STEVEN G. MOBLEY

Typed or printed name of signee