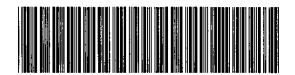
## L14000091650

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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06/20/14--01026--002 \*\*\$0.00





## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 23, 2014

DAVID JOHNSON 2201 RINGLING BLVD SUITE 104 SARASOTA, FL 34237

SUBJECT: MORGAN JOHNSON REALTORS, LLC

Ref. Number: L14000091650

We have received your document for MORGAN JOHNSON REALTORS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

Letter Number: 514A00013528

## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Morgan Johnson Realtors, 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:

David P. Johnson

Name of Person

David P. Johnson, Esq.

Firm/Company

2201 Ringling Blvd., Suite 104

Address

Sarasota, FL 34237

City/State and Zip Code

dpj.esq@verizon.net

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

For further information concerning this matter, please call:

David P. Johnson

<sub>...</sub>941、365-0118

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

cee \$30.00 Filing Fee &
Certificate of Status

□ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□ \$60.00 Filing Fee, Certificate of Status & 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

Morgan Johnson Realtors, LLC		
(Name of the Limited Liability Con (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on June 9, 2014	and assigned
Florida document number <u>L14000091650</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
Morgan Johnson Realty, LLC		
The new name must be distinguishable and end with 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	<u> </u>	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>-</u>
		_ <del></del>
D. Ve		4 4h <b>5</b> 4h
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ter the name of the new
		· •
Name of New Registered Agent:		<u>~</u>
Name of New Registered Agent.		1
New Registered Office Address:	D. C	<u> </u>
	Enter Florida street address	
	, Florida	<u> </u>
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>ent:</u>	

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 AMBK = Authorized Member				
Title	<u>Name</u>	Address	Type of Action	
			□ Add	
			□ Remove	
			□ Remove	
			Add	
			Remove	
-				
			Add	
			Remove	
			□ Add	
<del></del>				
			Remove	

D. If amending any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)
-	
E. Effective date, if other than the date of filing (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	(optional) te of receipt or filed date and cannot be more than 90 days after t of State)
Dated June 17	2014
Paril 1. Ashnor	
David P. Johnson	nember or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00