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F OR 2 6 2015

T. HAMPTON

### COVER LETTER Registration Section **Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: EDWARD MURRA'I Name of Person MURRAY STRENGTH, LLC Firm/Company 3934 VALRICO GROVE DR VALRICO FL 33594 INFO @ MURRAYSTRENGTH. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (773) 484-536'/ Area Code Dayrime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

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

**MAILING ADDRESS:** 

□ \$30.00 Filing Fee &

Certificate of Status

#### STREET/COURIER ADDRESS:

\$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

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

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MURRAY S (Name of the Limited Lia	TRENGTH. LLC	
(Name of the Limited Lia (A Flo	bility Company as if now appears on our records.) orda Limited Liability Company)	
The Articles of Organization for this Limited Liabilit		and assigned
This amendment is submitted to amend the following	_	
A. If amending name, <u>enter the new name of the l</u>	•	
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 AD	DRESS)	70 G
	u	
		THE DEFINE
Enter new mailing address, if applicable:		A o TT
(Mailing address MAY BE A POST OFFICE BOX)		The state of
		冠 23
		DITT.
B. If amending the registered agent and/or re registered agent and/or the new registered office a		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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 Title Name **Address Type of Action** MGK SHANNON MURRAY 3934 VALRICGUROVE DR DAD □ Add □ Remove ☐ Add □ Remove □ Add ☐ Remove □ Add ☐ Remove

D <sub>s</sub> . If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
E. Effective (The effect)	e date, if other than the date of filing: (optional) ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	his document is filed by the Florida Department of State)
Dated _	MARCH 3 . 2015.
	Signature of a member or authorized representative of a member  EDWARD MURRAY  Typed or printed name of signee
	Signature of a member or authorized representative of a member
	EDWARD MURRAY
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00