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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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D. SCOTT JUN 1 6 2017

## **COVER LETTER**

Division of Co	rporations			
	Enterprises, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub			
	Todd L. Myrick			
		Name of Person		
	Markham Enterprises, LLC	· ·		
		Firm/Company		
	4905 34th Street South Sui	ite 216		
	<u>.</u>	Address	<del></del>	
	St. Petersburg, FL 32219		-	-1-7 1-1
		City/State and Zip Code		
	todd.myrick@gmail.com	·		道量型
	E-mail address: (	to be used for future annual report notific	ation)	题 5 局
For further information of	concerning this matter, please co	all:		FILED
Todd Myrick		727 804-3323		ST 80
Name o	of Person		Telephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &

TO:

**Registration Section** 

**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

Markham Enterprises, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 3/24/2015	and assigned
orida document number L15000052353		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" o	r the abbreviation "L'L.C."
nter new principal offices address, if applicable:		58 <b>_</b>
Principal office address MUST BE A STREET ADDRESS)		
· •4		世界を
nter new mailing address, if applicable:		<u> </u>
Aailing address MAY BE A POST OFFICE BOX)	·	Ş™ <b>3</b>
s. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her		enter the name of th
Name of New Registered Agent:		
New Registered Office Address:	E - Di di di di di	
	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 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>	Address	Type of Action
MGR	Thomas L. Markham Sr.	6951 Cisco Gardens Road	
		Jacksonville, FL 32219	☐ Remove
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effective date is listed, the date in this in this	must be specific and cannot be prior to date of a slock does not meet the applicable statu	tory filing requirements, this da	te will not be listed as the
effective date is listed, the date in this in this	must be specific and cannot be prior to date of :	tory filing requirements, this da	ite will not be listed as the
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effective date is listed, the date is te: If the date inserted in this ument's effective date on the record specifies a delay he 90th day after the r	must be specific and cannot be prior to date of a block does not meet the applicable statue Department of State's records.  Yed effective date, but not an effectore is filed.	ective time, at 12:01 a.m	n. on the earlier of:

Page 3 of 3

Filing Fee: \$25.00