L15000059367

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

SECRETARY OF STATE DIVISION OF CORPORATIONS

JUN 0 2 2015

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COVER LETTER *

	ration Secon of Cor	ction porations				
SUBJECT:		KING ROBERT	S AND ASSOCIATES			
зовјест		Name of Lim	ited Liability Company		-	
The enclosed A	articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return all	l correspo	ndence concerning this matter	to the following:			
		M	ARLO C. MOREHEAD			
			Name of Person		_	
		KING RO	BERTS AND ASSOCIA	TES		
			Firm/Company		_	
		8568	B ARLINGTON EXPY.			
			Address			
		JAC	KSONVILLE FL. 32211			
			City/State and Zip Code			
			NDASSOCIATES@GM to be used for future annual		-	
For further infor	rmation co	oncerning this matter, please ca		, opon nonnounou,		
MA	RLO C. M	MOREHEAD	904 at ()	586-5579		
	Name of	Person	Area Code	Daytime Telephone Numb	er	
Enclosed is a ch	neck for th	ne following amount:				
■ \$25.00 Filir	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is end	Certific Certific	Filing Fee, cate of Status & ed Copy and conviction CRETAH	SECRETAR SIVISION OF
		NG ADDRESS: ation Section		T/COURIER ADDRESS: ion Section	PA PA PA PA PA PA PA PA PA PA PA PA PA P	
	Division	n of Corporations	Division	of Corporations	1 3: 3' FLORID	. STI
	P.O. Bo Tallaha	ox 6327 ssee, FL 32314		Building ecutive Center Circle see FL 32301	10A 37	ATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KING ROBERT	TS AND ASSOCIATES I	LLC.		
(Name of the Limited Liability (A Florida	y Company as it now appe Limited Liability Company	ars on our records.)		-
The Articles of Organization for this Limited Liability Co	ompany were filed on _	4/03/2015	and	assigned
Florida document numberL15000059367	_•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company l	here:		
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the	designation "LLC" or	r the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:				<u>≥</u> ≥ <u>×</u>
Principal office address MUST BE A STREET ADDRI	ESS)		SEC	SIOR
			子子 · 文	위정.
			SSH -	CCRY
Enter new mailing address, if applicable:				\bigcirc
Mailing address MAY BE A POST OFFICE BOX)				RAI
			Am -	- 5°
3. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:	ered office address o ess here:	on our records, g	enter the nan	ne of the
-				,
New Registered Office Address:	Enter Fl	orida street address		
	City	, Flori	daZip Co.	

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
AMBR	MARLO C. MOREHEAD	8568 ARLINGTON EXPY.	■ Add
		JAX. FL.32211	Remove
			☐ Change
			□ Add
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	<u></u>		
			
		4/03/2015	
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Filing Fee: \$25.00