L1500	0/03431
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)	$\frac{400275838364}{1/5 - 1/5343}$
(Business Entity Name) (Document Number)	
Special Instructions to Filing Officer:	AHASSEE FLORIDA
Wang form Office Use Only	NOV 24 2015 N. CAUSSEAUX

15-103431

## **COVER LETTER**

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то́: `	Registration Section Division of Corporations	v 1	15 HOV -4 AHIII: 29
SUBJE		······································	<u></u>
	1	Name of Lifnited Liability Company	3.

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ame of erson oyan andom Hills Kd Suite 800 115 Address SO & O Citv/State and Zip Cod address: (to be used for future annual report notification) ugan E-mai

For further information concerning this matter, please call:

 $\underline{\qquad}_{\text{Area Code}} \underbrace{\begin{array}{c} 574 \\ Daytime Telephone Number \end{array}}_{\text{Area Code}} \underline{\begin{array}{c} 577 - 7419 \\ Daytime Telephone Number \end{array}}$ byan

Enclosed is a check for the 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Note: \$ 4375 Filing fee + Certified Copy ~ ead  $\alpha | \mathbf{I}$ 

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 3, 2015

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MARTIN P. HOGAN, ESQUIRE HOGAN & PRITCHARD, PLLC 11350 RANDOM HILLS ROAD, SUITE 800 FAIRFAX, VA 22030

SUBJECT: MEGATONN 3D, LLC Ref. Number: L15000103431

We have received your document for MEGATONN 3D, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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.

Nanette Causseaux Regulatory Specialist II Supervisor

Letter Number: 115A00018703

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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 4, 2015

MARTIN P. HOGAN, ESQUIRE HOGAN & PRITCHARD, PLLC 11350 RANDOM HILLS ROAD, SUITE 800 FAIRFAX, VA 22030

SUBJECT: MEGATONN 3D, LLC Ref. Number: L15000103431

We have received your document for MEGATONN 3D, LLC and your check(s) totaling \$43.75. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$11.25.

The filing fee for an amendment to an LLC is \$25.00, a certified copy of an amendment to an LLC is \$30.00.

Please return 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.

Nanette Causseaux Regulatory Specialist II Supervisor

Letter Number: 115A00023392

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

· ·	AMENDMENT	
	0	
	DRGANIZATION ,	1
C	)F	
MEGIATONN 3 (Name of the Limited Liability Compa (A Florida Limited	Any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on JUNE 11, 201	S and assigned
Florida document number $L15000103431$	were filed on	
Florida document number <u>F13000103131</u>		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	obreviation "L.L.C."
	NIN	· · ·
Enter new principal offices address, if applicable:	- MA	
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		N. Part
Enter new mailing address, if applicable:	NA	UR ST
(Mailing address MAY BE A POST OFFICE BOX)	······································	ro T
(Muning unitess MAT BEATOST OFFICE DOA)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, <u>enter</u> <u>'e</u> :	the name of the new
11.4		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
	, Florida	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

.

**Type of Action Title** Name Address Wh Barbara AMBR 1731 Sou Orlande Add ange togan C Remove Change AMBR William David Wedeking 804 Grovesmere Loop BAND Ocore, FL 34761 BREMOVE Change 🗆 Add C Remove 5 **ij m**ge Alles PH īοv ц Э Change □ Add □ Remove Change 🛛 Add □ Remove Change

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

• . . . , , c T

## 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) <u>Note:</u> 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 October 30 2015 regal Affairs aion Signature of a member or authorized representative of a mem ር ሊ ga n name of signee

Page 3 of 3 Filing Fee: \$25.00