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COVER LETTER

TO:		tion Section of Corpor				
CUDIE	Mic	hael Corbi	tt Drafting & Design, LLC			
SUBJE	C1:		Name of Lin	nited Liability Company		
The enc	losed Arti	cles of Am	endment and fee(s) are sul	bmitted for filing.		
Please r	eturn all c	orresponde	ence concerning this matter	r to the following:		
			Michael Corbitt			
				Name of Person		-
			Michael Corbitt Drafting	& Design, LLC		
				Firm/Company		-
			5897 Gazelle Drive			
				Address		~
			Galloway, OH 43119			
		1, 13	mcorbittcad@gmail.com	City/State and Zip Code		-
			E-mail address:	(to be used for future annual rep	port notification)	
For furt	her inform	nation conc	erning this matter, please of	call:		
Michae	el L. Corbi	tt		850 348-1		
		Name of Pe	erson	Area Code	Daytime Telephone Numbe	r
Enclose	ed is a chec	ck for the f	ollowing amount:			
\$25	5.00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	Certifica (ed) Certified	ite of Status &

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

1397 7

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

Michael Corbitt Drafting & Design, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 7/22/2015 ____ and assigned Florida document number <u>L15000125412</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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
AMBR	Michael Corbitt	5897 Gazelle Drive, Galloway, OH 43119	■ Add
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lote: If the date inserted in this blo	ock does not meet the applicable statutory filing require	(optional) 190 days after filing.) Pursuant to 605.02 rements, this date will not be listed a
ocument's effective date on the De	epartment of State's records.	
e record specifies a delayed The 90th day after the rec	l effective date, but not an effective time, a ord is filed.	at 12:01 a.m. on the earlier
	2015	
August 10		
Pated August 10 XNNifer Cost	itt	15 AU
Pated August 10 Ynniger Cort	Signature of a member or authorized representative of a me	<u> </u>
Jated August 10 January Cort Jennifer Corbitt	Signature of a member or authorized representative of a me	ember 50 T
Junifer Corbitt	Signature of a member or authorized representative of a member of a member of a member of signee	<u></u>

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Filing Fee: \$25.00