15000/38034

(Red	questor's Name)	
(Add	dress)	
(Ada	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100277034371

09/17/15--01004--027 **25.00

SECRETARY OF STATE FALLAHASSEE, FLORIDA

2015 SEP 17 FM 2: 39

K.SALY EXAMINER SEP 18 2015

COVER LETTER

TO:	Registration So Division of Co			•
4) CHID 177	Mary Wier	LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Sonya L. Laney		
			Name of Person	
		Sonya L. Laney CPA, PA		
		the second	Firm/Company	
		5131 South Ridgewood Av	ve Ste F	
			Address	
		Port Orange, FL 32127		
			City/State and Zip Code	
		slaney@sonyalaney.com		
For furt	h e r information o	E-mail address: (i concerning this matter, please ca	to be used for future annual report nour	fication)
Sonya l		,	386 761-8500	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclose	ed 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

FILED 2015 SEP 17 PM 2:5

MARY WIER LLG		SEPORT " < 39
(Name of the Limited Liabi (A Flori	ility Company as it now appears on our recor da Limited Liability Company)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability	Company were filed on 08.12.15	and assigned
Florida document number L15000138034	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
MARY KIER, LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi		ls, enter the name of the new
registered agent and/or the new registered office ad	gress nere:	, ,
Name of New Registered Agent:		
New Registered Office Address:		
·	Enter Florida street addre	55
		lorida
	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: FILED MGR = Manager AMBR = Authorized Member Title Name Address Type of Action □ Add □ Remove ☐ Change □ Add _□ Remove ☐ Change _□ Remove ☐ Change ☐ Remove _□ Change □ Add ☐ Remove _□ Change □ Add □ Remove

☐ Change

	FH = 1
·	2015 SEP 17 PH 2:
	2013 SEP 17 PM 2
	TALLASTARY
	SECRETARY OF STATE TAILAHASSEE, FLORID,
 	
	
,	
fective date, if other than the date of the date is listed, the date must be offer in this block of the date on the Department's effective date on the Department.	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 k does not meet the applicable statutory filing requirements, this date will not be listed a artment of State's records.
record specifies a delayed e The 90th day after the recor	effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of is filed.
ated AUGUST 28	2015
	hature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00