L15000158825

(Requestor's Name)	
(Address)	700347281087
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	07/18/2801003018 *•25.00
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COVER LETTER

TO:

Registration Section

porations		
ON, LLC		
Name of Lin	nited Liability Company	
Amendment and fee(s) are sub	mitted for filing.	
ondence concerning this matter	to the following:	
JANICE MCGRATH		
 -	Name of Person	
MUM & SON, LLC		
	Firm/Company	
262 E MERRITT ISLANI) CAUSEWAY	
	Address	
MERRITT ISLAND, FL 3	2952	
LMCCD ATHOUGHD CARI	City/State and Zip Code	
		ification)
oncerning this matter, please c	all:	
	407 579-8599	
f Person	Area Code Daytin	ne Telephone Number
ne following amount:		
☐ \$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)
	<u>Street Address:</u> Registration Se	ection
Corporations	Division of Co	rporations
	Amendment and fee(s) are subordence concerning this matter JANICE MCGRATH MUM & SON, LLC 262 E MERRITT ISLAND, FL 3 J.MCGRATH@UBREAKI E-mail address: (oncerning this matter, please of Person the following amount: □ \$30.00 Filing Fee &	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: JANICE MCGRATH Name of Person MUM & SON, LLC Firm/Company 262 E MERRITT ISLAND CAUSEWAY Address MERRITT ISLAND, FL 32952 City/State and Zip Code J.MCGRATH@UBREAKIFIX.COM E-mail address: (to be used for future annual report not oncerning this matter, please call: Area Code Daytin the following amount: S30.00 Filing Fee & Certified Copy (additional copy is enclosed) SEE Section Corporations Oivision of Control o

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

-3

MUM & SON, LLC		100
(<u>Name of the Limited Li</u> (A F	iability Company as it now appears on our record lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number 415000158825	ity Company were filed on 10/18/2016	and assigned 1
Florida document number	·	ंग
This amendment is submitted to amend the followin	ığ:	20
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 "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, <u>enter</u> <u>re</u> :	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	S
_		orida
	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
AMBR	CARMICHAEL, BLAINE A	5122 EDGEWATER DR., STE. #200	□ Add
		ORLANDO, FL 32810	■Remove
			□Change
			□Add
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Signature of a member or authorized representative of a member	JULY 7TH	2020			
Signature of a member or authorized representative of a member					
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