

Office Use Only



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OCT 02 2015 S. YOUNG

## COVER LETTER

TO: Registration Secti Division of Corpo					
SUBJECT: LONN	IE BRUMB	LEY, LCC			
	Name of Lim	ited Liability Company			
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.			
Please return all correspond	ence concerning this matter	to the following:			
	Lonnie B	Name of Person	₹(_		
		Name of Person			
	Lonnie B	rumbley, LLC	<u>-</u>		
	3070 We	terfor D Dri Address	ve		
	TZY(ZNZ58	City/State and Zip Code	>9	型網等	•
		Lrow CHO+mer to be used for future annual report		SEP SEP	T
For further information con-			nonneation)	30 I	LEC
Lonnie P	erson 1 ces	at (\$50) 4 Area Code Day	59-7496 ytime Telephone Number	SEP 30 PM 2: 34  GRETARY OF STATE  MAINSSEE, FLORIDA	
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)	Certified (	e of Status &	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

honnie Brombley, LC		
Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our recubility Company)	ords.)
The Articles of Organization for this Limited Liability Company w	vere filed on 9/21/3	and assigned
Florida document number <u>L/500015-9966</u> .	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
v n		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)	NA	चंश क
	NA	第 8 元
		京芸の子
Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE BOX)		75.7
	NA	1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
B. If amending the registered agent and/or registered offi	ce address on our reco	ords, enter the name of the nev
registered agent and/or the new registered office address here:		
Name of New Registered Agent:	WA	
New Registered Office Address:	RA	
	Enter Florida street ad	dress
	NA.	Florida
	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 Title Name **Address Type of Action** MGR Lonnie Brumbley 3070 Waterford Dr DAdd Tellohassee, FL 32309 ☐ Change Lonnie Brumley 3000 Waterford Dr MGR Tellahassee, £132309 ☐ Change AMBR Shane Brunley 3070 Waterford Dr. MAdd

TENSUS RESERVED TO THE ORIGINATION OF THE ORI ☐ Change Alan Brumley 3070 Welenged Dremak Tellehassee, FC 32309 | Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

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Filing Fee: \$25.00