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DEC 1 5 2016 S. YOUNG

TALLAHASSEE PLONGE

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Mo	Longeneo Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	6 75%
	mank	Longenecke Name of Person	16 DEC 14 PH 1:
		Firm/Company	
	103 Br	ent Cir	
	Olds man Mark L E-mail address: (1	City/State and Zip Code Cong Consultation be used for future annual report notifications.	17 ing ogmail.com
For further information c	oncerning this matter, please ca		
Marcha Name o	Longenecke	at (7 .2 7) 8 46 Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	Sample 2009 Status \$\square\$ \$\square\$ 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:

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

M. Lang	ened	cker Pll		
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears on our rec lability Company)	cords.)	
The Articles of Organization for this Limited Liab Florida document number 4/5000/	ility Company	were filed on $11/24$	$\sqrt{20/5}$ and assign	ned
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of the	renec	ker PLL	LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		Mark Lor 103 Brent Oldsman	genecker F13467	<u>-</u>
Enter new mailing address, if applicable:		Same		
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>		16. DEC	SEURET ALL APP
B. If amending the registered agent and/or registered agent and/or the new registered offic			ords, enter the name of	the new
Name of New Registered Agent:	Same	ی	F: 17	NG F
New Registered Office Address:		Enter Florida street ad	dress	
		Cin.	, 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 <u>Title</u> **Type of Action** <u>Name</u> **Address** NONE □ Add □ Remove ☐ Change □ Add ☐ Remov ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove _□ Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_(Change Name From
	M. Longenecker PIIC
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~	nark Longenecker PIIL
<i>L</i> _	TORK Longenecker FITC
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ective	date, if other than the date of filing: (optional) ive 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 605.0
te: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.
	on the Department of State 5 records.
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
he 90	Oth day after the record is filed.
ted	12/12,2016.
	Signature of a member or authorized epresentative of a member
	organisate of a member of auditorize representative of a member

Page 3 of 3

Filing Fee: \$25.00