Ulodo 28470

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1990 2-3 missig
1990 2-3 missig

Office Use Only

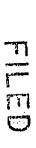


900282626749

02/29/16--01011--010 **25.00

PILED
2016 NATION TO P 5: 2:
SECRETARY SEE: FLORIE

HAR 31 2016





March 17, 2016

MICHAEL ORRANTIA 625 EICHENFELD DRIVE BRANDON, FL 33511

SUBJECT: MORE HOLDINGS II, LLC

Ref. Number: L16000028470

We have received your document for MORE HOLDINGS II, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PAGES 2-3 MISSING

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 116A00004577

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MORE HOLDINGS ZI, LLC Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Orrantra
Name of Person
MORE HOLDINGS II, LLC Firm/Company
625 Eichenfeld DRIVE Address
Address
Brandon, FL 33511 City/State and Zip Code
,
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (813) 654.364 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Enclosed is a check for the following amount: \$\begin{array}{c} \liming \text{Fee} \\ \text{Certificate of Status} \end{array}\$ Certificate of Status \text{Certified Copy} \\ (additional copy is enclosed) \$\begin{array}{c} \liming \text{Fee} \\ \text{Certified Copy} \\ (additional copy, is enclosed) \$\text{Certified Copy} \\ (additional copy, is enclosed) \$\text{Certified Copy} \\ (additional copy is enclosed) \$\text{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

MORE HOLDINGS H, 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
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:
(Principal office address MUST BE A STREET ADDRESS)
(Ermeipar Office address most 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: Cross Street Corporate Scruces
New Registered Office Address: 200 South Orange Avenue
Name of New Registered Agent: New Registered Office Address: 200 South Orange Avenue Enter Florida street address Sarasota Florida City Go 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 amfamiliar 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 limitity company has been notified in writing of this change.

Page 1 of 3

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
			□ Add
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			□ Remove
			Change
			Change LLAHASSEE FLOT
			F STA E STANE
			□ Add
			☐ Remove
			Change

	•							
							-	
				.				
<u></u>			 					
				F=				
								
								<u> </u>
								
in effective date ote: If the date cument's effe	is listed, the date e inserted in this ctive date on the	the date of fili must be specific a s block does no e Department of	and cannot be pri t meet the appl f State's record	ior to date of fili licable statutor ds.	y filing requir	ements, this da	ng.) Pursuant to	listed as t
record en	cifies a dela	yed effective	date but	not an effec	tive time =	t 12·01 a m	之 Lon théie	arlier of
The 90th d	ay after the	record is filed	d.	ioc air circe	are arrier a		75 T	
	2/201	2011	1				33.5E	30
	3/28/	2014	1	 ·			L co	Ū
ited		, ,,						/ DI
ated		///	a member or au				85	5: 22

Page 3 of 3

Filing Fee: \$25.00