# L16000048115

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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> D. BRUCE NOV 1 8 2016

## **COVER LETTER**

Div	ision of Corp	oorations		
SUDJECT.	RONMICPO	OO FAMILY, LLC.		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Michele Mohr		
			Name of Person	•
		RONMICPOO FAMILY,	LLC.	
Firm/Company				-
		611 Wild Flower St.		
	Address			
		Merritt Island, FL 32953		_
			City/State and Zip Code	
		michelemohr@cfl.rr.com	to be used for future annual report notification)	
			·	
For further in	iformation co	ncerning this matter, please ca	all: Z	26
Michele Mo			321 917-1922 ASS	2016 NO
	Name of	Person	Area Code Daytime Telephone Applet Solution	A LI D
Enclosed is a	check for the	e following amount:	F_C0	
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	<b>⊛</b> of Status &

#### MAILING ADDRESS:

TO:

**Registration Section** 

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

RONMICPOO FAMILY, LLC.

company has been notified in writing of this change.

(Name of the Lim	ited Liability Compar (A Florida Limited L	ny as it now appears on ( lability Company)	our records.)	
The Articles of Organization for this Limited I Florida document number L16000048115	Liability Company	were filed on MARC	Н 1, 2016	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liabi	lity company here:		
N/A The new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the design	ation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)	- Inches		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
B. If amending the registered agent and registered agent and/or the new registered of			records, enter	the name of the
Name of New Registered Agent:	Michele Mohr		7	
New Registered Office Address:	N/A		LLA	2016
		Enter Florida st	reet address # 10	NOV -
New Registered Agent's Signature, if changing	Registered Agent:	City	e. FLO	Lip Code
I hereby accept the appointment as register provisions of all statutes relative to the pro				

If Changing Registered Agent, Signature of New Registered Agent

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

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
MGRM	MICHELE MOHR	611 WILD FLOWER ST.	<b>≣</b> Add
		MERRITT ISLAND, FL 32953	Remove
		<del> </del>	Change
MGRM	RON MOHR	611 WILD FLOWER ST.	■ Add
		MERRITT ISLAND, FL 32953	□ Remove
		<del></del>	☐ Change
AMBR	MOHR	611 WILD FLOWER ST.	□ Add
		MERRITT ISLAND, FL 32953	■ Remove
			☐ Change
AMBR	MICHELE MOHR	611 WILD FLOWER ST.	Add
		MERRITT ISLAND, FL 32953	Remove
			Remove
MGR	MOHR	611 WILD FLOWER ST.	
		MERRITT ISLAND, FL 32953	Remove
			□ Change
			🗖 Add
			☐ Remove
			□ Change

	RON MOHR - 49%				
	MICHELE MOHR - 49%	``			
	BRIAN MOHR - 1%				
	GRETA YOUNG - 1%	- ,			
		****			
				<u></u>	
		TALI	2016	<del></del>	
		AHA	NOV	11	
		SET C			
		FLORIDA	U =	Ö	
		RIDA	10		
				<u>.</u>	
. Effe	ctive date, if other than the date of filing:	(optional)			
(If an Not	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 e: If the date inserted in this block does not meet the applicable statutory filing requirem ument's effective date on the Department of State's records.	days after filing.)			
	record specifies a delayed effective date, but not an effective time, at ine 90th day after the record is filed.	12:01 a.m. c	n the e	arlier of:	
Date	od NOVEMBER 16, 2016				

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Typed or printed name of signee

Filing Fee: \$25.00