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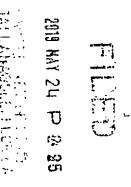
| (i                   | Requestor's Name)       |
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| PICK-UP              | WAIT MAIL               |
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| Certified Copies     | Certificates of Status  |
| Special Instructions | to Filing Officer:      |
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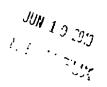
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## COVER LETTER

**TO:** Registration Section Division of Corporations MONTGOMERY MITCHELL, LLC SUBJECT: 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: KENNETH M. MITCHELL Name of Person MONTGOMERY MITCHELL, LLC Firm/Company 822 TUSCARORA TRAIL Address MAITLAND, FL. 32751 Gity/State and Zip Code MONTEMITCHELL20@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 408-9635 KENNETH M. MITCHELL Daytime Telephone Number Area Code Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, □ \$55.00 Filing Fee & □ \$30.00 Filing Fee & **■** \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION OF

| MONTGOMERY  | MITCHELL, LLC graph propry   |  |
|---|--|--|
| ( <u>Name of the Limited Liability Comp</u><br>(A Florida Limited   | oany as it now appears on our records.). La de de Liability Company)   |  |
| The Articles of Organization for this Limited Liability Compant Florida document numberL16000062912  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability Compant Compan | y were filed on MARCHARO. 2006 P 2: 25 and assigned  |  |
| The new name must be distinguishable and contain the words "Limited Lial  | · , , ·  |  |
| Enter new principal offices address, if applicable:   | 822 TUSCARORA TRAIL  |  |
| (Principal office address MUST BE A STREET ADDRESS)   | MAITLAND, FL 32751   |  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered registered agent and/or the new registered office address be   |  |  |
| Name of New Registered Agent:   |  |  |
| New Registered Office Address: 822 TUSCAR   | RORA TAIL,  Enter Florida street address   |  |
| MAITLAND  | , Florida <sup>32751</sup>   |  |
|   | City Zip Code  |  |
| New Registered Agent's Signature, if changing Registered Agen   | <u>t:</u>  |  |
| I hereby accept the appointment as registered agent and ag<br>provisions of all statutes relative to the proper and complet<br>accept the obligations of my position as registered agent as<br>being filed to merely reflect a change in the registered offic<br>company has been notified in writing of this change.   | e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is |  |

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

## or removed from our records:

MGR = Manager ÁMBR = Authorized Member

| <u>Title</u>             | <u>Name</u>         | <u>Address</u>     | Type of Action |
|--------------------------|---------------------|--------------------|----------------|
| AMBR KENNETH M. MITCHELL | 822 TUSCARORA TRAIL |                    |                |
|                          |                     | MAITLAND, FL 32751 |                |
|                          |                     |                    | □ Remove       |
|                          |                     |                    | ■ Change       |
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| E. Effec  | tive date, if other than the date of filing: (optional)   |
|           | frective 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 605.0207 (3)0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the |
| docu      | ment's effective date on the Department of State's records.   |
|           |   |
| If the ro | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.   |
|           |   |
| Date      | 1 05/22   |
|           | Bin De agir of while  |
|           | Signature of a member of authorized representative of a member  |
|           | A A A A A A A A A A A A A A A A A A A   |
|           | KENNETH M. MITCHELL, AMBRIMANAGING MEMBER  Typed or printed name of signee  |
|           | Typed of printed name of digno-   |
|           |   |

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Filing Fee: \$25.00