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SECRETARY OF STATE SALLAHASSEE, TLORIUA

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S. YOUNG

## **COVER'LETTER**

TO: Registration Se Division of Cor				
	AD REAL ESTATE, LLC			
SUBJECT:	Name of Lim	ited Liability Company	·	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	GLENN FARINACCI			
		Name of Person		
	CASH FLOW BUSINESS	SERVICES, LLC		
		Firm/Company	<del> </del>	
	1730 S FEDERAL HWY	SUITE 208		SEC TALL
		Address	<del> </del>	
	DELRAY BEACH, FLOR	LIDA 33483		CRETAKTEL TÜĞÜDA LAHASSEEL TÜĞÜDA APR 26 PM 3: 28
		City/State and Zip Code		- P
	GLENN@CASHFLOWRX			ω Ti
	E-mail address: (	to be used for future annual report notific	cation)	3: 28
For further information of	oncerning this matter, please c	all:		حرد ک
GLENN FARINACCI		561 929.9596 at ()		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is end	tus &

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

MOREHEAD REAL ESTATE, LLC		
( <u>Name of the Limited Liab</u> (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 04/04/2016	and assigned
Florida document number L16000066661		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
SHERI MARIE MOREHEAD, LLC		50
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or t	he abbreviation R.L.C.
Enter new principal offices address, if applicable:		<u> カ デザ</u>
<u>(Principal office address MUST BE A STREET ADL</u>	DRESS)	26 26
		P
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Enter new mailing address, if applicable:		29 意
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
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		<del>-</del>
R If amonding the registered agent and/or rec	sistand office address on our records	ton the more of the mo
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
•	City	7in 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>	<u>Name</u>	Address	Type of Action
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an effect <u>ote:</u> If	ive date is liste the date inse:	d, the date must be rted in this bloc date on the Dep	e specific and o k does not me	cannot be prior eet the applic	able statutory i	or more than 90 filing requires	days after filir	ig.) Pursuant to	605.020 listed a
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	SHERIMA	ARIE MOREHI	ZΔD						

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Filing Fee: \$25.00