L16000209506

(Re	questor's Name)	
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COVER LETTER

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TO: Registration S Division of Co		• • .	
M.R.Wilse	on L.L.C.	•	- Article of the second of the
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	·
·	Richard Bray	ū	
	Manufa Diay		
	M.R.Wilson L.L.C.	Name of Person	
	MI.IV. WHSOIT E.E.G.		
	10201 Walker Road Uni	Firm/Company it B	
	.	Address	
	Thonotosassa, Fl. 33592		
	inspectorbray@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
Richard Bray		813 404 4952 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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 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

2019 AUG 13 AH 9: 21

M.R.Wilson L.L.C.

C. SEDRETARY OF STATE

(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 Compan	ny were filed on 11/16/2016 and assigned
Florida document number L16000209506	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
n/a	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	n/a
(Principal office address MUST 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 or registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the ne</u> ere:
•	
Name of New Registered Agent: n/a	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
ambr	Christine k. malyszko	10201 walker road Thonotosassa, fl 33592	
			Remove
			□ Change
ambr	ratko saranovic	10201 walker road. Thonotosassa, fl.33592	
			■ Remove
			Change
<u>_</u>			Add
			□ Remove
			Change
			
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E. Effective date, if other than the date of filing:	
E. Effective date, if other than the date of filing: (If an effective 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 60 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl (b) The 90th day after the record is filed.	ier of:
08/12/2019	
Dated	
Signature of a member or authorized representative of a member	
Ratko M. Saranovic	

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Filing Fee: \$25.00