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SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER MAY 1 7 2018

COVER LETTER

	Registration Se Division of Co			
SUBJEC	т:	an Murphys Entr	TO(1885 LLC) ited Liability Company	
		Amendment and fee(s) are sub	_	
Please reti	um all correspo	ondence concerning this matter	to the following:	
			Enic Bremer Name of Person	
			Bremer Boys LL Firm/Company	
			Address RI	m
			St. Augustino, Fl. City/State and Zip/Code	32006
.		F-mail address: ()	or ice bremer boys to be used for future annual report notifica	· Com
For furthe	r information c	oncerning this matter, please ca	-	,
	Name o	r Poemer	at (<u>386</u>) <u>31.5-6</u> Area Code Daytime T	143 elephone Number
Enclosed i	is a check for th	ne following amount:		
52 \$ 25.00	0 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)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comba (A Florida Limited I	Enterprices LLC ny as it now adpears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on $1-26-3017$ and assigned	
Florida document number <u>L1700031403</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	₹ ≤	33
	N S	Æ
		Æ.
Enter new mailing address, if applicable:	OR!	숙
(Mailing address MAY BE A POST OFFICE BOX)	CR.	<i>U</i> :
	9 5	<u>F</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		<u>iew</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agraprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	he

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>	Name	Address	Type of Action
A <u>mbr</u>	Eric Bremer	899 Neraya Blad	🗆 Add
		899 Maraya Blad 9 Augustine, FL 32086	Remove
			□ Change
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fective date, if other in effective date is listed, to te: If the date inserted cument's effective date	he date must be specific I in this block does no	and cannot be prior of meet the applic	to date of filing o able statutory fi	r more than 90 days aft	tional) er filing.) Pursuant to 60 nis date will not be lis)5.020° sted as
record specifies a The 90th day after	delayed effective the record is file		ot an effective	e time, at 12:01	a.m. on the earl	lier o
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