

L17000111227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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B FIGUEROA

FEB 15 2018



*Original + Letter*

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 2, 2018

SEAN CARLO LOPEZ  
515 59TH WAY S  
SAINT PETERSBURG, FL 33707

SUBJECT: MURICA MANAGEMENT LLC  
Ref. Number: L17000111227

We have received your document for MURICA MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is S11430 KNIGHT MANAGEMENT, INC..

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 018A00002283

**RECEIVED**

FEB 12 2018

✓ Corrected &

Murica Management LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

case return all correspondence concerning this matter to the following:

SeanCarlo Lopez

Name of Person

Firm/Company

515 59th Way S

Address

Saint Petersburg, FL 33707

City/State and Zip Code

LopezSeancarlo@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

eanCarlo Lopez

352

804-6603

at (\_\_\_\_\_)

Name of Person

Area Code

Daytime Telephone Number

enclosed is a check for the following amount:

1 \$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**

Murica Management LLC

(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 Company were filed on 5/19/2017 and assigned  
Florida document number L17000111227.

This amendment is submitted to amend the following:

**. If amending name, enter the new name of the limited liability company here:**

Night Management & Development LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

6800 Gulfport Blvd S STE 201-247

**Principal office address MUST BE A STREET ADDRESS**

Saint Petersburg, FL 33707

**Enter new mailing address, if applicable:**

6800 Gulfport Blvd S STE 201-247

**Mailing address MAY BE A POST OFFICE BOX**

Saint Petersburg, FL 33707

**. If amending the registered agent and/or registered office address on our records, enter the name of the new  
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

6800 Gulfport Blvd S STE 201-247

*Enter Florida street address*

Saint Petersburg

Florida 33707

*City*

*Zip 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**

Page 2 of 3

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 7, 2018

Signature of a member or authorized representative of a member

SeanCarlo Lopez

Typed or printed name of signee

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DIVISION OF CORPORATIONS  
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