# L17000148913

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

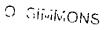
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FILED 17 007 13 PH 1: 35



# **COVER LETTER**

## 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

(Name of the Limited Liebility Company) as it now appears on any accorde \	
(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	PH 1: 35
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "I	LC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  Tampa Fl 33607	<u></u>
B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here:	of the new
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	
, Florida	

### 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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMB2	Larry Morgan	3031 N Raky Point Dr W	#7 D Add
		Tampa F1 33407	□ Remove
			Change
AMBR	Brett Morgan	3031 N Rocky Point Drw	₹77 D Add
		Tampa F1 33607	□ Remove
			☐ Change
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Factive date	a if ather th	an the date of	f Glings			4	optional)		
an effective da ote: If the d	ite is listed, the d ate inserted in	late must be spec	ific and canno s not meet th	t be prior to da e applicable	te of filing or m statutory filin	ore than 90 days	after filing.)	Pursuant to 605.0 ill not be listed	207 as
		elayed effectie record is		but not ar	effective t	ime, at 12:	01 a.m. o	n the earlier	oi
ated <u>Octo</u>	voer /	9/6	£	D17.					
	~	1/m	/						

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Typed or printed name of signee

Filing Fee: \$25.00