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# **COVER LETTER**

TQ: Registration Se Division of Cor		<b>.</b>	
43 E 183 - F3 - Wes	rphree, LLC.		
SURJECT:		ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee( $s$ ) are sub	mitted for filing	
	endence concerning this matter		
	David Murphree		
		Name of Person	
	Renata Murphree, LLC,		
		Firm/Company	
	PO Box 28183		
		Address	- · · · · · · · · · · · · · · · · · · ·
	Panama City, FL32411		
	david.murphree@gmail.com	City/State and Zip Code	<del></del>
	E-mail address: ()	to be used for future annual report notif	cation)
For further information co	oncerning this matter, please ca	all:	
David Murphree		850 5273922 at ()	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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

Renata Murphree, LLC		
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Lial Florida document number	bility Company were filed on 12/20/17	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical		
(Principal office address MUST BE A STREET		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	2X)	
		ý- ,
		- 00
3. If amending the registered agent and/or	registered office address on our records, ente	er the name of the nev
egistered agent and/or the new registered offic	e address here:	3355
		望 了
Name of New Registered Agent:		
New Registered Office Address:		場が
	Enter Florida street address	<u> </u>
	, Florida	
	Cuy	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

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
MGR	David E Murphree	317 Wahoo Road	
		Panama City Beach, FL 32408	■ Add
		- Tanana Gri Detelli, F17.72400	□ Remove
			Change
			D Add
			☐ Remove
			☐ Change
			Add
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fective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more to ote:  If the date inserted in this block does not meet the applicable statutory filing resocument's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605,020 equirements, this date will not be listed a
e record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	e, at 12:01 a.m. on the earlier o
January 13 2018	
Signature of a member or authorized representative of a	member

Page 3 of 3

Filing Fee: \$25.00