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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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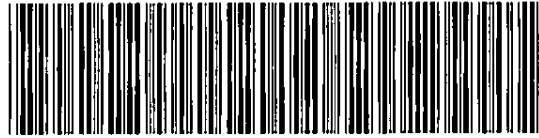
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TAMM HALL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miranda's Finishing Touches LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Miranda N. Morgan
Name of Person

Firm/Company

1488 Seefchoppy Hwy
Address

Seefchoppy FL 32358
City/State and Zip Code

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

For further information concerning this matter, please call:

Miranda N. Morgan at (850) 688-0421
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Miranda's Finishing Touches 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 01/26/2018 and assigned Florida document number L18000021818.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability 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)

1488 Sepechoppa Hwy
Sepechoppa, FL
32358

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1488 Sepechoppa Hwy
Sepechoppa, FL
32358

B. 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:

1488 Sepechoppa Hwy
Enter Florida street address

Sepechoppa, Florida 32358
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.

Miranda H. Morgan
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Miranda N. Morgan	1488 Sopchoppy Hwy	<input type="checkbox"/> Add
		Sopchoppy FL	<input type="checkbox"/> Remove
		32358	<input checked="" type="checkbox"/> Change
MGR	Joseph R. Morgan	1488 Sopchoppy Hwy	<input type="checkbox"/> Add
		Sopchoppy FL	<input checked="" type="checkbox"/> Remove
		32358	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

SECRETARY OF STATE
WASHINGTON, D.C. 20520

FILED
27th JUN 11 PM 12:18
SECRETARY OF STATE
201 ALABAMIA ST
MONTGOMERY AL 36104

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 May 14th . 2018

M. Wade M. Morgan
Signature of a member or authorized representative of a member

Miranda N. Morgan
Typed or printed name of signee