Division of Corporations . Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARKS GRAY, P.A.

Account Number : I20040000191 Phone

: (904)398-0900

Fax Number

: (904)399-8440

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

ecarter@marksgray.com Email Address:

ØD

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **FUREY BUSINESS SYSTEMS, LLC**

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K. SALY JUN 1 5 2018

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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		(2006)
Fure	ey Business Systems, LLC	
(Name of the Limited Lie (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	ity Company were filed on 04/30/2018	and assigned
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" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	·	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<i></i>	
B. If amending the registered agent and/or r registered agent and/or the new registered office	registered office address on our records, address here:	enter the name of th
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, address here:	enter the name of the
registered agent and/or the new registered office	registered office address on our records, address here: Enter Florida street address	enter the name of the
registered agent and/or the new registered office Name of New Registered Agent:	address here:	

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

Fax Services (((H180001784173)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: JUN 14 AH 7: 52 MGR = Manager AMBR = Authorized Member Type of Action Title Address <u>Name</u> Stephen J. Furey 944 Sorrento Rd. P/Mgr ■ Add Jacksonville, FL 32207 ☐ Remove ☐ Change 944 Sorrento Rd. VP/Sec/Mgr Deanna Furey **⊟** Add Jacksonville, FL 32207 ☐ Remove ☐ Change VP Stuart McDevitt 3139 Fieldcrest Dr. ■ Add Middleburg, FL 32068 ☐ Remove _□ Change 11133 Fallgate Point Ct. Treasurer Jared Furey **⊟** Add Jacksonville, FL 32256 _□ Remove _ Change John H. Adams 1805 River Oaks Rd. VP/Asst Sec ■ Add Jacksonvile, FL 32207

☐ Remove

☐ Change

_□ Add

_ Change

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ctive date, if other than the effective date is listed, the date must. If the date inserted in this bloment's effective date on the De	be specific and cannot be prior to date of filing on the does not meet the applicable statutory f	(optional) or more than 90 days after filing.) Pursuant to 605.0207 filing requirements, this date will not be listed as
ecord specifies a delayed se 90th day after the reco		ve time, at 12:01 a.m. on the earlier of
d 6-14	2018	
	J	
- D 1 -	ignature of a member or authorized representa	stive of a member
	1	

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Filing Fee: \$25.00