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(Requestor's Name)
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(,
PICK-UP WAIT MAIL
(Business Entity Name)
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R. WHITE FEB 0 5 2020

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:		ited Liability Company	
The enclosed Articles of	MSRC Investments LLC Name of Limited Liability Company		
Please return all correspo	ondence concerning this matter	to the following:	
	Johanna McArthur		
		Name of Person	
Firm/Company			
	501 Commendencia St.		
	-	Address	
	Pensacola FL 32502		
) Km & 4		ication)
For further information of	oncerning this matter, please c	all:	
Johanna McArthur		850 469-3321	
Name o	f Person	Area Code Daytimo	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address	<u>is:</u>		
		Registration Sec Division of Corp	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2020 JUL -9 AH 9:00

	LULU J		
MSRC Investments LLC			
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	appears on our records.)		
The Articles of Organization for this Limited Liability Company were filed	on June 11, 2018 and assigned		
Florida document number L18000143236			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability comp	any 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)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new registered		
agent and/or the new registered writer address here.			
Name of New Registered Agent:			
New Registered Office Address:			
Er	tter 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
AMBR	Rachel Sonnier	6717 Greenwell St.	□Add
		Pensacola, FL 32526	■Remove
			□Change
AMBR	Cody Sonnier	6717 Greenwell St.	DAdd
		Pensacola, FL 32526	≣Remove
			□Change
			□Add
			□Remove
			□ Change
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fective date, if other than the d n effective date is listed, the date must ote: If the date inserted in this bloc cument's effective date on the Dep	ne specific and cannot be prior to tk does not meet the applical	o date of filing or more than	90 days after filing.) Pursuant	to 605.0207 pe listed as
ecord specifies a delayed effective is filed.	date, but not an effective tin	ie, at 12:01 a.m. on the ϵ	earlier of: (b) The 90th da	y after the
ted	2020			
(13 ha)	ignature of a member of author	and consequently of a	mber	_
1	ignature of a member of attende	ized representative of a me	ност	
Johanna McArthur				

Filing Fee: \$25.00