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(Re	questor's Name)	
(Ad	dress)	
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(/10	diessy	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration So Division of Cor		·	
SUBJECT: MO	eris & Su	ited Liability Company	ction, LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Natalie	K MORRIS Name of Person	
		Manie Wil Cason	**
		Firm/Company	
	13348 E	Ster De	
		Address	
	BROOK-SVI	11e, FL 34-(01 City/State and Zip Code	3
	NCHALLE K.	to be used for future annual report notific	GYNGIL. COVI
For further information c	oncerning this matter, please ca	ill:	
Natalie	KMURRIS	at 404 319 d	1320
Name o	f Person	Area Code Daytime	: Telephone Number
Paraleonal in a shorth Count	e Callandina and an		
Enclosed is a check for th	-		
☑ \$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

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:	Enter Florida street address
	Florida

City

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

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>	<u>Name</u>	Address	Type of Action
MGR	mion Soo Nguyer	1 <u>13348 Estar Dr.</u> Branksville, Fl 341013	`D Add
	· ·	Breaksville, FL 341013	Remove
peol (n)			Change
AD (UN)			□ Add
			Remove
			Change
			
			Remove
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			Change
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			Change
			□ Add
			_□ Remove
			_□ Change

D. II an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	September 11, 2018.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00