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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Corporati	ons		
SUBJECT: MPCY	Name of Limite	d Liability Company	
The enclosed Articles of Amend	dment and fee(s) are subm	itted for filing.	
Please return all correspondence	e concerning this matter to	the following:	
_		Stease Name of Person	
	MPC	40/65 Firm/Company	
_	209	Ponce De La	PON BIND
-(-	Brooksv	City/State and Zip Code	34601
_	M PEOS E-mail address: (to	e 5@ +ommo	bay, rr, Com
For further information concern	ing this matter, please call	:	
Marshall E	Beose	at (<u>352) _2 63</u> Area Code Dayti	3 - 9220 me Telephone Number
Enclosed is a check for the follo	owing 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our r a Limited Liability Company)	ecords.)				
The Articles of Organization for this Limited Liability Company were filed on						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lim	ited liability company here:					
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	(ESS)					
Enter new mailing address, if applicable:		20				
(Mailing address MAY BE A POST OFFICE BOX)						
P. If amonding the peristand agent and/on peris	tored office address on our re-	P Fil				
B. If amending the registered agent and/or registered agent and/or the new registered office add	ress here:	cords, enter the name of the new				
		. 5				
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida street a	nddress				
		. Florida				
	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.

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
			Add
			☐ Remove
			☐ Change
			☐ Remove
			Change
			Remove
			☐ Change
			□ Add
			☐ Change
			D Add
			□ Remove
			Change
			Add
			☐ Remove
			□ Change

	Remove Effective Date
	5/1/2019
	1
•	
Note:	tive date, if other than the date of filing:
) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	March 18 2019
	March 18 2019 March 18 2019 Signature of a member or authorized representative of a member MAR SHALL S. PEASE Typed or printed name of signee
	Signature of a member or authorized representative of a member
	MARSHALLS. YEASE

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Filing Fee: \$25.00