## L20000341540

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## **COVER LETTER**

TO: Registration So Division of Con			
SUBJECT:	rvin Barri Name of Limited	ncton Ent- Liability Company	erprises LLC
The enclosed Articles of	Amendment and fee(s) are submit	ted for filing.	
Please return all correspo	ondence concerning this matter to t	he following:	
	Marvin	Barrington Name of Person	<u>)                                    </u>
		Firm/Company	
	77 Diar	19 Lane	
	Monticella	DELTA SE STATE STA	44
		e used for future annual report notif	
For further information c	oncerning this matter, please call:	e used for future annual report notif	Kation)
Name c	r Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	anylas it now appears on our records.) Lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000341540</u> .	D10-110000 5 00
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial  MLB St. ENHERDY SES LLC  The new name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	612 Gamble Rd Monticello, FL 32344
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	*Same *
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent: Mar New Registered Office Address: 612	vin Barrington Jr Gamble Rd
Mon	Enter Florida street address  + i C O
No. 13	nt:

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.

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 Type of Action Address <u>Title</u> <u>Name</u> Marvin Barrington Sr. 77 Dinna's Lane DAdd Morticello, Fl 32344 Remove Marvin Barrington & 612 Gamble Rd and MGR Monticello, Fl 32344 BRemove \_\_\_\_\_ □Change

\_\_ □Change

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<u>te:</u> If tl	date, if other than the date of filing:
ecord sp is filed.	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	8/3/21 2021
	Signature of a member or authorized representative of a member
	Marvin Barrington Jr Typed or printed name of sighee