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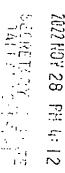
(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me)
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Res Div	gistration So vision of Cor	ection porations					
SUBJECT:	McMenime	n Design & Consulting LLC	,		81		
SUBJECT.	*	Name of Lin	nited Liability Company	·		-	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return	all correspo	ondence concerning this matter	to the following:				
		Stephanie McMenimen					
			Name of Persor		 -		
		McMenimen Design & Co	onsulting LLC				
			Firm Company			 .	
		1935 Rockledge Drive				20	
			Address			ZZ KOV	,
		Rockledge FL 32955				92 VG	1
			City/State and Zip C	ode			,
		stephanie.mcmenimen@gm	to be used for future an			. He = = = = = = = = = = = = = = = = = =	· 272
For further in	iformation co	oncerning this matter, please of		nuai report notific	cation)	PK 4: 13	
Stephanie M	cMenimen		321 at (9175653			
	Name of	Person	Area Code	Daytime	l'elephone Numb	er	
Enclosed is a	check for th	e following amount:					
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing I Certified Copy (additional copy i	;	Certifie	ate of Status &	
Reg	ling Address pistration S	ection		<u>t Address:</u> stration Secti	on		
Division of Corporations P.O. Box 6327		Divi	sion of Corpo	orations			
	ahassee, F			Centre of Tal N. Monroe !		810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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 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>	<u>Address</u>	Type of Action
AMBR	Phillip McMenimen	1935 Rockledge Drive	■Add
		Rockledge FL 32955	□Remove
			Change
			□Add
			□ Remove
			□Change
			7027 Add
			P Change
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in effective date is listed, the date must be specific and cannot be prior to date of filing or note: If the date inserted in this block does not meet the applicable statutory filing current's effective date on the Department of State's records. ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m.	nore than 90 days after ag requirements, this	date wil		after the
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