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COVER LETTER TO: Registration Section **Division of Corporations** Madison Murray, LLC SUBJECT: Name of Limited Eiability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Julie Auerbach Name of Person Madison Murray, LLC Firm/Company 1464 Langham Terrace Address Heathrow, FL 32746 City/State and Zip Code julicauerbach12@gmaif.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Julie Auerbach Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327

Certificate of Status

Street Address:

Certified Copy

(additional copy is enclosed).

Registration Section
Division of Corporations
The Centre of Tallahassee

Certificate of Status &

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Madison Murray, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florid	la Limited Liab	pility Company)	,	14
The Articles of Organization for this Limited Liability (Florida document number 1.23000512667	Company we	ere filed on	23 .	_ and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liabiliț	ty company here:		
The new name must be distinguishable and contain the words "Lin	mited Liability	Company," the designa	tion "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
Enter new mailing address, if applicable:				<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office ad :	ldress on our recor	ds, <u>enter the name</u>	of the new registere
Name of New Registered Agent:	_			
New Registered Office Address:		Enter Florida s	ireei address	
			, 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 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
MGR	David Auerbach	1464 Langham Terrace	□ Add
		Heathrow, FL 32746	■Remove
			\ \tag{\text{Add}}
			□ Remove
			□Add
			□Remove
			□Change
			□ Add
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ffective date, if other the	late must be specific and	I cannot be prior to c	date of filing or more that	(optional) m 90 days after filing.) Purs	uant to 605.0207
Fote: If the date inserted in ocument's effective date or	this block does not n	neet the applicabl	e statutory filing requ	tirements, this date will t	not be listed as
record specifies a delayed of is filed.	effective date, but not	t an effective time	, at 12:01 a.m. on the	earlier of: (b) The 90t	a day after the
November 27		2023			
	710				

Typed or printed name of signee