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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mortham Governmental Consultants, LhC Name of Limited Liability Company
. The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Saudra Mortham Name of Person
Mortham Covernmental Consultants, LIC
6475 Weeping Willow Way
Tallahassee FL 323/1 City/State and Zip Code
5 mor than a a l. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Saudra Mortham at (850) = 671-1998 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$\ \text{Certified Copy} \\ \text{(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

Mortham Gard	mental Con	sultants (L)	າ
(<u>Name of the Limited Li</u> (A FI	bility Company as it no orida Limited Liability Co	w appears on our records	<u>i.)</u>
(maa Biimea Biabiity Co		
The Articles of Organization for this Limited Liabi	lity Company were file	d on 0104 99	and assigned
Florida document number L9900000	.	1 1	
This amendment is submitted to amend the following	ng:	•	
A. If amending name, enter the new name of th	e limited liability com	pany here:	
, <u> </u>	•		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liabili	ty Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
·			
B. If amending the registered agent and/or		ess on our records, <u>en</u>	ter the name of the new
registered agent and/or the new registered office	address here:		6
Name of New Registered Agent:			nymers.
New Registered Office Address:			
		Enter Florida stree	t address =
		. Florid	
-	City	, Fiortu	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> Address Type of Action ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00