# #19900000002

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Br	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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FILE AMID: 44
SECRETARY OF STATE

K.SALY EXAMINER JUL 19 2013 TO: R

Registration Section
Division of Corporations

SUBJECT:

Mortham Governmental Consultants LLC

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:

# Sandra Mortham

Name of Person

## Mortham Governmental Consultants LLC

Firm/Company

# 6675 Weeping Willow Way

Address

Tallahassee, FL 32311

City/State and Zip Code

smortham@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Mortham

at (850) 251-2283

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following 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:**

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

### TO ARTICLES OF ORGANIZATION OF

13 JUL 19 AH 10: 44

SECRETARY OF STATE
TALLAHASSEE STATE
Trecords.

Mortham Governmental Consultants LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa		
-Florida document number L9900000002		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "Li" "L.L.C."	imited Liability Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	· ·	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		he name of the ney
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
	, Florida City	Zip Code
	Cuy	<i>ыр Соае</i>

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 Changing Registered Agent, Signature of New Registered Agent

#### or Managing Michider Deing added of removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Sandra Mortham	6675 Weeping Willow Wag	
		Tall FL 32311	Remove
			_
MGEM	Allen Mortham	6675 Weeping Willow Was	Add Add
		Tall. FL 32311	Remove
MGRM	Sandra Mortham Trus	stee 6675 Weeping Willow Was	Add
		Tall. FL 32311	Remove
			<u></u>
MGRM	Allen Mortham, Trustee	6675 Weepingwillow Was	Add
		Tall FL 32311	Remove
			_
			Add
			Remove
		***************************************	-
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove

D. Ha	Article III - Duration:
	The period of duration for the Limited Liability Company shall be
	to December 31, 2023
<b>D</b>	19 Only 2013
Dated _	Sandia Mortham
	Signature of a member or authorized representative of a member Sandra Mortham
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00