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August 13, 2019

E.T. MCARDLE ASSOCIATES, LLC. 1 LAS OLAS CIRCLE #301 FORT LAUDERDALE, FL 33316

SUBJECT: E.T. MCARDLE ASSOCIATES, LLC.

Ref. Number: L07000119006

We have received your document for E.T. MCARDLE ASSOCIATES, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 219A00016668

Yasemin Y Sulker Regulatory Specialist III

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin	nited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Florida document number	Liability Company were filed on	and assigned
This amendment is submitted to amend the fo	ollowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	SET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	E BOX)	
3. If amending the registered agent and registered agent and/or the new registered	d/or registered office address on our recoffice address here:	cords, enter the name of the
		<u></u>
Name of New Registered Agent:	Jacqueline McArdle	
New Registered Office Address:	1 Las Olas Circle, #30!	
	Enter Florida street a	ddress (O)
	Fort Lauderdale	Florida 33316
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

E.T. McArdle Associates

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Edward T. McArdle	1 Las Olas Circle, 301	
		Fort Lauderdale, Fl 33316	□ Add
			■ Remove
			Change
MGRM	Jacqueline McArdle	1 Las Olas Circle, 301 Fort Lauderdale, Fl 33316	
			Remove
MGRM	Christine McArdle Oquendo	1 Las Olas Circle, 301 Fort Lauderdale, Fl 33316	
			□ Remove
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the record spe		d effective date		ctive time, at 1	2:01 a.m. on the	earlier of:
Note. If the dat	e inserted in this b	e date of filing: ust be specific and canr clock does not meet Department of State'	ine applicable statuto	ling or more than 90 d ory filing requireme	_(optional) ays after filing.) Pursuan nts, this date will not	it to 605.0207 (3 be listed as th
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Filing Fee: \$25.00