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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	porations		
MCNALLY	CONSTRUCTION GROUP	LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	EUGENE J MCNALLY		
		Name of Person	<del></del>
	MCNALLY CONSTRUC	TION GROUP LLC	
	-	Firm/Company	
	PO BOX 818		
		Address	<del> </del>
	WINDERMERE FL 34	786	
		City/State and Zip Code	
	LAINE@MCNALLYBUIL		
		to be used for future annual report not	fication)
For further information ec	oncerning this matter, please c	all:	
EUGENE J MCNALLY		407 832-4300	
Name of	Person	at () Area Code Daytin	e Telephone Number
Enclosed is a check for th	e 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 S		<u>Street Address:</u> Registration Se	ction
Division of Co	orporations	Division of Cor	porations
P.O. Box 632	/	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCNALLY CONSTRUCTION GROUP LLC		
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our recor imited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Con	npany were filed on MAY 23 2001	and assigned
Florida document number L01000008206		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLo	C" or the abbreviation "L,L,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>	202
		₹
Enter new mailing address, if applicable:		· + [T
(Mailing address MAY BE A POST OFFICE BOX)		. 30
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>ente</u> .	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	iss
		lorida
	City	Zip Code

w Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and 1pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability pany 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>	Name	Address	Type of Action
AMBR	CAROL D MCNALLY	PO BOX \$18 WINDERMERE FL 34786	□Add
			Remove
			Change
MGRM	JOSEPH C MCNALLY	561 CAMPUS ST CELEBRATION FL 34747	🗆 🗆 Add
			Remove
			□Change
MGRM	RYAN P MCNALLY	PO BOX 818 WINDERMERE FL 34786	2021(1) Ad
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			□Change

EUGENE J MCNALLY (95% OW	NERSHIP) and	
RYAN P MCNALLY (5% OWNE	ERSHIP)	
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tive date, if other than the date fective date is listed, the date must be spe	ecific and cannot be prior to date of filing or	(optional) more than 90 days after filing.) Pursuant to 60
it the date inserted in this block do nent's effective date on the Departm	tes not meet the applicable statutory fill nent of State's records.	ing requirements, this date will not be lis
rd specifies a delayed effective date, iled.	but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after
neu.		
12-28-2020		

Filing Fee: \$25.00