## L010000 15986

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(Cit	ry/State/Zip/Phone	#)
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## **COVER LETTER**

TO: Registration Solution of Col				
Mac Solut	tions LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub ondence concerning this matter			·
	David J McCarron			
	Mac Solutions LLC	Name of Person	 20	2019 :
	1741 Mohican Trail	Firm/Company	• • • • •	ARU FILE 2019 HAY -3
	Maitland, FL 32751	Address		က္ ယ္
		City/State and Zip Code	<u> </u>	ഗ
For further information (	E-mail address: ( concerning this matter, please or	to be used for future annual report notif	ication)	
David J McCarron	concerning this matter, produce to	407 897-7050		
Name c	of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for t	he 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 enclose	
	.ING ADDRESS: ration Section	STREET/COURI Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. Mac Solutions LLC			
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our r limited Liability Company)	ecords.)	_
The Articles of Organization for this Limited Liability Co Florida document number 101000015986	mpany were filed on 8/27/2001	and	l assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
McCarron Insurance Solutions LLC			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	"LLC" or the abbreviatio	n "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)	····	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	ZOUDITAY -3 P
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre		cords, enter the na	<u>ား</u> ြ
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street a	uddress	
	Arrive a ser 1940 del Colo Co		
· Andrews Appendix	City	_, Florida Zip C	 Tode
	<b>▼:</b> V:	24. 0	*

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 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 added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mgr	Lynn McCarron	1741 Mohican Tr Maitland, FL 32751	<b>≅</b> Add
			☐ Remove
			L Kellove
			☐ Change
			□ Add
			□ Remove
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ective date, if other than	the date of filing:	(optional) of filing or more than 90 days after filing.) Pursuant to 60	5 0205
te: If the date inserted in th	is block does not meet the applicable st e Department of State's records.	atutory filing requirements, this date will not be list	led as
record specifies a dela he 90th day after the		effective time, at 12:01 a.m. on the earli	er o
May 1	2019		
	$\alpha$		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00