

L 030000/3198

(Requestor's Name)

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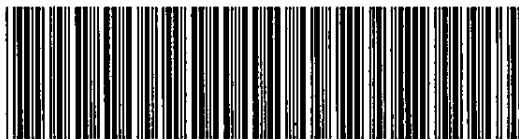
(Business Entity Name)

(Document Number)

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04/01/15--01012--021 **25.00

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15 APR -1 PM 3:24

SECRETARY OF STATE
140 LAUREL STREET, 11th FLOOR
ANN ARBOR, MI 48106-0001

LLC
Amend.

4/21/15
DC

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MacPhail Family Holdings, 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:

Paul MacPhail
Name of Person

Standard Tile Associates
Firm/Company

1375 5th St
Address

SANASOTA, FLORIDA 34236
City/State and Zip Code

pmacphail5@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul MacPhail at (941) 915 6172
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MacPhail Family Holdings, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
15 APR - 1 PM 3:24
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF DALLAS, TEXAS

The Articles of Organization for this Limited Liability Company were filed on 04/11/2003 and assigned Florida document number 203000013198

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

PAUL MACPHAIL
1375 5th St
SANASOTA, FL 34236

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

PAUL MACPHAIL

New Registered Office Address:

1375 5th St

Enter Florida street address

SANASOTA, Florida 34236

City

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 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.

Paul MacPhail
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GORDON MacPhail	7522 Camden Harbour Dr. Bradenton FL 34212	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Roy MacPhail	9012 Willow Brook Cr Bradenton FL 34212	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Paul MacPhail	1671 North Dr SANASOTA FL 34239	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PAUL MacPhail
ADDRESS 1375 5th St
SPRINGS, FL 34236

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 3/30/2015, _____

Paul MacPhail

Signature of a member or authorized representative of a member

PAUL MacPhail

Typed or printed name of signee