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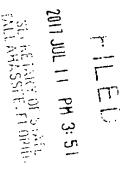
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## **COVER LETTER**

O: Registration Section Division of Corporations
UBJECT: McWiffie Flor Company LLC Name of Limited Liability Company
the enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
ROUA Mellutte  Name of Person
Firm/Company
46 Spring Ct
Craw Hord Villa FL 32327  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
for further information concerning this matter, please call:
Rowy Minute at (850) 5445 £ 38  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee.  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

2017 JUL 11 PM 3:51 **OF** The Articles of Organization for this Limited Liability Company were filed on  $\frac{03/08/2004}{}$  and assigned Florida document number L040000 18028 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," 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 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: New Registered Office Address:

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: PILEL MGR = Manager 2017 JUL 11 PH 3: 5 Irvpe of Action AMBR = Authorized Member Address <u>Title</u> Name. TALLAHASSEE, FLORIDE D Add □ Remove \_□ Change □ Add □ Remove □ Add □ Remove \_ Change □ Add \_□ Remove ☐ Change □ Add □ Remove ☐ Change bbA. 👊 □ Remove

☐ Change

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	2017 JUL 11 PM 3: 5
	BEUNÉ (ARY DE STATE PAULAHASSUE, FLORID)
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of fil  Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	(optional) ling or more than 90 days after filing.) Pursuant to 605.0207 (3) ory filing requirements, this date will not be listed as the
the record specifies a delayed effective date, but not an effe ) The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier of:
Dated	
Red. By Nyla Signature of member or authorized repre	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00