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TALLAHASSEE FLORIDA

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COVER LETTER

TO:	Registration Section Division of Corpora				
		Mac	Daddy Ho	dings 1	LC
SUBJI	ECT:	Name of Limite	Daddy Ho	, ,	
The er	nclosed Articles of Ame	endment and fee(s) are subm	itted for filing.		
Please	return all corresponder	nce concerning this matter to	the following:		
			Chris Foreh Name of Person	and	
			Name of Person		
		Mac	Doddy Holdin	gs LLC	
	-		Firm/Company	7	
		3401 (Country Club	Ct.	
	-		Address		
		Lyn	n Haven F City/State and Zip Code	L 3244	1
	-		City/State and Zip Code		
	_	obtal panha	delengineer in be used for future annual re	ig.com	
		E-mail address: (to	be used for future annual re	eport notification)	
For fu	rther information conce	erning this matter, please cal	l :		
	Chris	Forehand	at (850)	596-12	35
	Name of Per	son	Area Code	Daytime Telepho	one Number
Enclo	sed is a check for the fo	ollowing amount:	,		
□ \$ <i>i</i>	25.00 Filing Fec C	330.00 Filing Fee & Certificate of Status	② \$55.00 Filing Fee & Certified Copy (additional copy is enck		\$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

Mac D	laddy Holdings, L	LC
(Name of the Limited Lia (A Flo	bility Company as it now appears on corida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabilit Florida document numberL040000 255		1/6/04 and assigned
This amendment is submitted to amend the following	Ţ.	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words " Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD)		ntion "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		A SECOND
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
		, Florida
	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.

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> Name **Address** Type of Action AMBR Angel C. Forehand 3401 Country Club Ct. Lyna Haven, FL 32444 □ Remove □ Change AMBR Marcia A. Forehand 1412 E. 24th St.
Lynn Haven, FL 32444 □ Add L Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove

_____ Change

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HOLE:	ive date, if other than the date of filing:
ne red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Christopher B. Forehand Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00