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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MCANNALLY CAMPENTO Name of Limited Liability Company	NyLLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Patrick Gildons MS	Annally
MCANNALLY CARPENT	BY, LLC
3820 WOODMEBE LANE	
Middleburg FL, 32068 City/State and Zip Code	
E-mail address: (to be used for future annual report notific	cation)
For further information concerning this matter, please call:	
Patrick Mannally at 904, 864-6 Name of Person Area Code & Daytime	Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \tag{\$30.00 Filing Fee & \tag{\$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

MCANNALLY	CABPENTBY, LLC
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>LOSOOOO 790</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim MCANNALLY Control The new name must be distinguishable and end with the work.	nited liability company here: OCTING ALLC ords "Limited Liability Company," the designation "LLC" or the abbreviation
"L.L.C."	The billing company, are adolgranous 220 of the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	RESS)
Enter new mailing address, if applicable:	IR 28
(Mailing address MAY BE A POST OFFICE BOX)	- P 17
B. If amending the registered agent and/or regist registered agent and/or the new registered office add	stered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

	Name	Address	Type of Action
			Add Remove
			Add Remove
· 			Add Remove
			Z A A Remove
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		THE DESCRIPTION OF THE PROPERTY OF THE PROPERT	
If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
			
			_
			
	March 25,20	211.	

Page 2 of 2

Filing Fee: \$25.00