LOS000080499

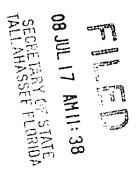
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COVER LETTER

Division of Corporations					
SUBJECT: McKenzie Family, LLC					
Sobsect.		ited Liability Company)	-		
The enclosed Articles of A	mendment and fee(s) are sub	umitted for filing			
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspon	dence concerning this matter	to the following:			
	Paul G. Schlichte, Esqui	re			
		(Name of Person)			
	RAY A. SCHLICHTE, JR	P. P.A.			
		(Firm/Company)	<u> </u>		
	2134 Hollywood Bouleva				
		(Address)			
	Hollywood, FL 33020				
		(City/State and Zip Code)			
For further information concerning this matter, please call:					
Paul G. Schlichte	G. Schlichte at (954) 923-4604 (Area Code & Daytime Telephone Number)				
(Name of	1 crson)	(Alta Code & Dayline 1	ciepnone (vanioer)		
Enclosed is a check for the	e following amount:				
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fee,		
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy		
		, , , , , , , , , , , , , , , , , , , ,	(additional copy is enclosed)		

MAILING ADDRESS:

Registration Section

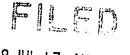
TO:

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



08 JUL 17 AMII: 38

SECRETARY OF STATE TALLAHASSEE FLORIDA

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab Florida document number <u>L05000080499</u>	oility Company were filed on August 15	, 2005 and assigned	
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the	he limited liability company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," th	e designation "LLC" or the abbreviation	
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		cords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Fl	orida 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 Changing Registered Agent, Signature of New Registered Agent)

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

Dated July 15

MGRM = Managing Member Type of Action Title **Name** Address Member Jamie Catherine McKenzie 1830 South Ocean Drive, #1202 ✓ Add Remove Hallandale, FL 33009 Catherine Jane Nimmo Member 1830 South OceanDrive, #1202 ✓ Add Hallandale, FL 33009 Remove ☐ Add Remove □ Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

Paul G. Schlichte

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00