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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corp			•
SUBJECT:	J-MAC Name of Limit	Constitution ted Liability Company	\
The enclosed Articles of A	mendment and fee(s) are subn	nitted for tiling.	
Please return all correspond	dence concerning this matter t	o the following:	
	Je	A. Ro Name of Person MAC Constru	IK
	<u> </u>	MAC Constru	iction LLC
	1318	Sunshine	BC_
	Cresti	ew 7 375 City/State and Zip Code	39
	E-mail address: (to	o be used for future annual report notifica	ition)
For further information cor	ncerning this matter, please ca	11:	
Jeffrey Name of 1	A. PoliC	at (<u>\$50</u>) <u>\$26 -</u> Area Code Daytime T	280>- elephone 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

J- MAC	constru	chon		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears of d Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Compar Florida document number		9-7-18	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company hero	2:		
			<u> </u>	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the des	ignation "LLC" or the ab	breviation	SECI
Enter new principal offices address, if applicable:				음 국-
(Principal office address MUST BE A STREET ADDRESS)				20
			<u> </u>	<u> </u>
			☆ 🖫	ž.
Enter new mailing address, if applicable:			8 8	<i>:</i> -
(Mailing address MAY BE A POST OFFICE BOX)				
		<u>.</u>		
B. If amending the registered agent and/or registered	office address on o	our records, enter	the name of the	e new
registered agent and/or the new registered office address he		, <u></u>		
Name of New Registered Agent:	<u>-</u>			_
New Registered Office Address:				
	Enter Florid	a 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 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Change
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ective date, if	other than the date of	filing:	1-2018	/ (option	al)	
reffective date is te: If the date	listed, the date must be specifinserted in this block does	fic and cannot be prior not meet the applica	to date of filing or mor able statutory filing i	e than 90 days after fil requirements, this d	ing.) Pursuant to 605. ate will not be liste	.0201 ed as
rument's effect	ive date on the Departmen	nt of State's records.				
record spec	ifies a delayed effecti	ive date, but not	t an effective tin	ne. at 12:01 a.r	n. on the earlie	-ε ο -Ε
	after the record is fi					
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	/ /// Signature	safa memberarautha	rized regressionistive of	'n member		

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Filing Fee: \$25.00