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TALLAHASSEE, FLORIDA

D. BRUCE

DEC 9 2009

**EXAMINER** 

## **COVER LETTER**

Division of Co		•		
SUBJECT:	Vertical, LLC			
SUBJECT:		ted Liability Company		
•	•			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	pondence concerning this matter	to the following:		
Helen C. MacMaster				
		Name of Person		
	Vertic	Vertical MAC Construction, LLC		
		Firm/Company		
	1	1122 Woodflower Way		
		Address		
Clermont, FL 34714  City/State and Zip Code		Clermont El 34714	1714 A	
		HASSEE FL		
			-8 SSEE	
,		to be used for future annual report notific	cation)	
For further information	concerning this matter, please of	call:	FLORID	
Ro	drigo Peñaloza	at ( 407 )	332-3572	
Name of Person		Area Code & Daytime	Telephone 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)	
	LING ADDRESS:	STREET/COURING Pagistration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Vertical, LLC		<del></del>
. (Name of the Limite	d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I Florida document number		12/29/2006	and assigned
This amendment is submitted to amend the fol	lowing:	•	
A. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :	
Ve	rtical MAC Construction, LLC		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Comp	any," the designation "I	LLC" or the abbreviatio
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		7.7. 09/
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and registered agent and/or the new registered of	or registered office address on	our records, enter t	ASSEE FISHATE
Name of New Registered Agent:	Helen C. MacMaster		
New Registered Office Address:	(same)	- 11-18-11-11-11-11-11-11-11-11-11-11-11-1	
	En	iter Florida street add	ress
	Circ	, Florida	7: C. J.
	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

MGRM = Managing Member <u>Title</u> Name | **Address Type of Action** MGRM Helen C. MacMaster 1122 Woodflower Way ✓ Add Remove Clermont FL 34714 <u>MGRM</u> Rodrigo Peñaloza 1122 Woodflower Way Remove Clermont FL 34714 MGR Helen MacMaster 1122 Woodflower Way Add Clermont, FL 34714 √ Remove MGR Rodrigo Penaloza 1122 Woodflower Way Remove Clermont, FL 34714  $\prod Add$ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 30 2009 Dated Signature of a member or authorized representative of a member Helen C. MacMaster Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00