## 107000125489

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## **COVER LETTER**

Division of Cor	, ,	•	
Michael Mo SUBJECT:	eKelvie Homes LLC		
	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Michael McKelvie		
		Name of Person	<del> </del>
	Michael McKelvie Homes	LLC	
		Firm/Company	
	2303 W 19th Street		
		Address	<del></del>
	Panama City, Florida, 320-	45	
		City/State and Zip Code	
	mlmckelvie@gmail.com	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c		icanon,
Michael McKelvie		850 740-9113	
Name o	f Person	at () Area Code Daytime	: Telephone Number
	6.00		
Enclosed is a check for th	-		
□ \$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 Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Corr	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Michael McKelvie Homes, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records Liability Company)	<u>.</u> )
The Articles of Organization for this Limited Liability Company Florida document number L07000125489	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
McKelvie Homes LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC"	
Enter new principal offices address, if applicable:	2303 W 19th Street	2024.
(Principal office address MUST BE A STREET ADDRESS)	Panama City, FL 32405	2
Enter new mailing address, if applicable:	2303 W 19th Street	SSEE.
(Mailing address MAY BE A POST OFFICE BOX)	Panama City, FL 32405	<b>06</b>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, enter t	
	, Flo	rida
New Registered Agent's Signature, if changing Registered Agent	•	гр соце
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete		

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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			🗆 Add
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If an effective Note: If the	ate, if other date is listed, the date inserted effective date	he date must be I in this block	specific and does not n	I cannot be neet the ap	oplicable si	of filing or a	nore than 90 ng requirer	(option days after the nents, this	iling.) Pursu	iant to 605.020 ot be listed a
e record spec rd is filed.	cifies a delaye	ed effective d	ate, but not	an effecti	ve time, at	12:01 a.m.	on the ear	lier of: (b)	The 90th	day after the
					- 1					
Dated		Jaru	J.	. <u>20</u> Zsci	<u>124</u> .					
	5	Janu	gnature of a	nember or	authorized	epresentativ	e of a memb	per		

Filing Fee: \$25.00