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SECRETARY OF STATE TALLAHASSEE. FLORIDA

OCT = 1 2014
T. HAMPTON

COVER LETTER

SUBJECT: McKenzie Construction & Site Development LLC Name of Limited Liability Company
The such and Amining of Amondment and foo(s) are submitted for filing
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Oliver Dan Fernandez III Name of Person
McKenzie Construction Firm/Company
29162 Chape Park Drive #3B
Wesley Chapel FL 33543 City State and Zip Code Odf 3 @ Mckenzie Const. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Olver D. Fernander III at (347) 266-8265 Name of Person Name of Person Name of Person Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{ \$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\times \text{ Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section

TO:

Registration Section
Division of Corporations

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

MCKENZIE CONSTRUCTION & SITE DEVELOPMENT LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

(A Florida Li	mited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number	• • •	gne
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and end with the words "Limit		
The new name must be distinguishable and end with the words "Limit	ed Liability Company," the designation "LLC" or the abbreviation."L.	L.C.
Enter new principal offices address, if applicable:	N/A SA SA	****
(Principal office address MUST BE A STREET ADDRE	SEP 25	15/8.
	<u> </u>	} [7
Enter new mailing address, if applicable:	OF STATE FLORIN	
(Mailing address MAY BE A POST OFFICE BOX)	, , , , , , , , , , , , , , , , , , ,	
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		<u>of</u> t]
	62 Classel Park Day HE	— 12
New Registered Office Address:	Enter Florida street address	<u>'U</u>
Wes	62 Chapel Park Drive #5 Enter Florida street address Ley Chapel Florida 33543 Zip Code	
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, and I am familiar with nt as provided for in Chapter 605, F.S. Or, if this docu office address, I _s hereby confirm that the limited liabilit	n an mer

Page 1 of 3

Ir Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manauthorized Member being added or removed from our records:

MGR = Manager

AMBR = A	uthorized Mémber		
<u> Fitle</u>	<u>Name</u>	Address	Type of Ac
MGR	Oliver D. Fernander II	29162 Chapel Pack Drive	# 38 1 Add
		Wesley Chapel, FL 339	<u>543</u> □ Remove
MGR	Oliver Fernander	II PG Box 47115	
		Tampa, FL 33647	Nemove
			SECRETA
			1 PRSEP 25 AND 1: 4 OF SECRETARY OF STATE ORIDA
			Remove
			Add
			Remove
			□ Remove

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ffective date mu	st be specific, canno	date of filing: _ ot be prior to date of orida Department of	f receipt or filed date a	nd cannot be more tha	(optional) an 90 days after
ate ims abeame		•	2014		
d <u>Sept</u>	ember	\T, _	<u> </u>		

Page 3 of 3

Filing Fee: \$25.00

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