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| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| (Socialistic Hallison) | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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J. HARRIS

COVER LETTER

| TO: | Registration Se Division of Cor | | | | | | |
|-----------------------------------|------------------------------------|--|---|--|--|--|--|
| | McAllen Re | ealty, LLC | | | | | |
| Name of Limited Liability Company | | | | | | | |
| The e | nclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | | | |
| Please | e return all correspo | ndence concerning this matter | to the following: | | | | |
| | | Melissa McLaughlin | | | | | |
| | | | Name of Person | | | | |
| | | | Firm/Company | | | | |
| | | 17323 Holmes Mill Aveue | | | | | |
| | | | Address | | | | |
| | | Jacksonville, Florida 32220 | 6 | | | | |
| • | City/State and Zip Code | | | | | | |
| | | mcellenrealty@gmail.com | | | | | |
| | | E-mail address: (| to be used for future annual report notifi | cation) | | | |
| For fu | rther information c | oncerning this matter, please ca | all: | | | | |
| Melis | sa McLaughlin | | 904 993-0150 at () | | | | |
| Name of Person | | | | Telephone Number | | | |
| Enclo | sed is a check for th | ne following amount: | | | | | |
| □ \$2 | 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

| McAllen Realty, LLC | | |
|---|--|---------------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited | nny as it now appears on our records.) Liability Company) | - |
| The Articles of Organization for this Limited Liability Company | were filed on 01.23.2009 | and assigned |
| Florida document number Lo9000007664 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| McEllen Realty, LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 17323 Holmes Mill Aveue | |
| Principal office address MUST BE A STREET ADDRESS) | Jacksonville, Florida 32226 | |
| | | 16 SE |
| | | 李商 王 "和 |
| Enter new mailing address, if applicable: | 17323 Holmes Mill Avenue | S S S S S S S S S S S S S S S S S S S |
| Mailing address MAY BE A POST OFFICE BOX) | Jacksonville, Florida 32226 | (1) (1) (1) (1) (1) |
| | | - C |
| | | <u>P</u> A 5 |
| B. If amending the registered agent and/or registered o | ffice address on our records, | enter the name of the |
| egistered agent and/or the new registered office address her | <u>'e</u> : | |
| | | |
| Name of New Registered Agent: | | · · · · · · · · · · · · · · · · · · · |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flori | ida |
| | 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, 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 |
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| If amending any other information, enter change(s) here: (Attach additional sheets, if i | necessary.) |
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| Effective date if other than the date of filing: | antional) |
| Effective date, if other than the date of filing: | after filing.) Pursuant to 605.0207 (3 , this date will not be listed as th |
| the record specifies a delayed effective date, but not an effective time, at 12:0) The 90th day after the record is filed. | 01 a.m. on the earlier of: |
| Dated 03-8, 2016. | 16 M SECK TALLA |
| Mehoo M Laughlin | MAR IO CHETAR AHASSE |
| | |
| Signature of a member or authorized representative of a member Melissa McLaughlin | PH :: |

Page 3 of 3

Filing Fee: \$25.00