L09000010350

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	·····
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



200248338552

200248338552 06719/13--01020--012 **60.00

> NO JUN 19 PM 1: 0 SECRETARY OF STATE ALLAHASSEE, FLORID/

C. LEWIS
JUN 2 0 2013
EXAMINER

TO:

Registration Section **Division of Corporations**

MacMillan Homes LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew Hendricks		
Name of Person		
Firm/Company		
1491 NW 116th Ave		
Address		
Plantation, FL 33323		

City/State and Zip Code

email4054@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Hendricks

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)

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

ELED

ARTICLES OF AMENDMENT JUN 19 PM 1: 07 ARTICLES OF ORGANIZATION SECRETARY OF STATE OF

MacMillan Homes LLC				
(<u>Name of the Limited</u> (A	Liability Compan Florida Limited Li	y as it now appea ability Company)	rs on our records.)	
The Articles of Organization for this Limited Li	ability Company v	were filed on 2/2	2/09	_ and assigned
Florida document number L0900010350	·			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company he	<u>re</u> :	
Mac Ag LLC				
The new name must be distinguishable and end wit "L.L.C."	h the words "Limite	ed Liability Comp	any," the designation "LLC	" or the abbreviation
Enter new principal offices address, if application	able:	1324 Bayvie	w Drive, Fort Lauder	dale FL 33304
(Principal office address MUST BE A STREE	T ADDRESS)		<u> </u>	
		4004 D		-I- EL 00004
Enter new mailing address, if applicable:		1324 Bayvie	w Drive, Fort Lauder	dale FL 33304
(Mailing address MAY BE A POST OFFICE)	BOX)			······································
B. If amending the registered agent and/oregistered agent and/or the new registered of			our records, <u>enter the</u>	name of the new
Name of New Registered Agent:	Matthew He	ndricks		
New Registered Office Address:	1324 Bayvie			
			nter Florida street addres	
	Fort Lauder	dale	, Florida <u>333</u>	04
		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	Christopher MacMillan	4521 PGA BLVD	Add
		Palm Beach Gardens FL 33418	Remove
			Add
			Remove
			Add
			Remove
			Add
			_ L Remove
			Add
			-
			Add _ Remove

. II amending any ot	her information, enter change(s) here: (Attach additional sheets, if n	ecessary.)

		PCC
		HAS
_{ed} June 17		SEE, OF PR
	Mottlen Hendricker	STATE
	Signature of a member or authorized representative of a member	-
Matthe	w Hendricks	

Page 3 of 3

Filing Fee: \$25.00