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ALLAHASSEE, FINBIN

D. BRUCE
FEB 17 2010
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Mc Coy Road, LLC Name of Limited Liability Company	
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:	
David B. Stroyan Name of Person	
Name of Person	
Intervest National Bank Firm/Company	
Firm/Company	
625 Court Street Address	
Address	7
Address Clearwater, FL 33 756 City/State and Zip Code d Stroyan@inbfl.com E-mail address: (to be used for future annual report notification) Par further information concerning this matter, please call:	1345
City/State and Zip Code	7
a Stroyan (a) In bt/. com)
E-mail address. (to be used to retaile alimidal report nonmeation)	
For further information concerning this matter, please call:	
David B. Stroyan at (727) 442-2551 Name of Person Area Code & Daytime Telephone Number	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$25.00 Filin	
(additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallähassee, 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

Mc Coy Ro (Name of the Limited Lize (A Flo	od, LLC ability Company as it now appeadorida Limited Liability Company)	rs on our records.)	_	
The Articles of Organization for this Limited Liabi Florida document number <u>L0900040</u>		4/28/2009 and	l assigned	
This amendment is submitted to amend the following. A. If amending name, enter the new name of the		<u>·e</u> :		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compa	any," the designation "LLC" or t	the abbreviation	
Enter new principal offices address, if applicable	e:	≥ 0.		
(Principal office address MUST BE A STREET A	(DDRESS)	EC:	71	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>x)</u>	Y OF STA		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the nam	ne of the new	
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Florida street address			
	, Florida			
-	City	Zip C	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 **Title Address** Type of Action **Name** Intervest National Bank

Mc Coy Road II, LLC MGRM ☐ Add Remove MGRM X Add Remove ☐ Add Remove ☐ Add Remove \square Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member David B. Stroyan MGR
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00