L09000044683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

L09-44683

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
10 JUN 23 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 23 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2010

CRAIG MCINTYRE
4414 STONEBRIDGE ROAD
DESTIN, FL 32541

SUBJECT: MCINTYRE MANAGEMENT GROUP, LLC
Ref. Number: L09000044683

We have received your document for MCINTYRE MANAGEMENT GROUP, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

On the Statement of Change of Registered Agent/Office you must change either the name or address. If you are just changing the Principal office address I am sending an Amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 810A00012517

# COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McINTYRE MANAGEMENT GROUP, 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:

CRAIG McINTYRE
Name of Person

McINTYRE MANAGEMENT GROUP, LLC
Firm/Company

4414 STONEBRIDGE ROAD
Address

DESTIN, FL 32541
City/State and Zip Code

CMCINTYRE@MCINTYREMANAGEMENT.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (850) 225-9034
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- [x] $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)

PREVIOUSLY SUBMITTED (WRONG FORM WAS USED) *

**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

* REFERENCE LETTER # - 810A00012517

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

FILED
10 JUN 23 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

McINTYRE MANAGEMENT GROUP
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MAY 7, 2009 and assigned Florida document number L09000044683.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**
***(Principal office address MUST BE A STREET ADDRESS)***

4414 STONEBRIDGE ROAD
DESTIN, FL 32541

**Enter new mailing address, if applicable:**
***(Mailing address MAY BE A POST OFFICE BOX)***

4414 STONEBRIDGE ROAD
DESTIN, FL 32541

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: _____

New Registered Office Address: _____
*Enter Florida street address*

_____, **Florida** _____
*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**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 6/21, 2010

Signature of a member or authorized representative of a member

CRAIG McINTYRE
Typed or printed name of signee



**Filing Fee: $25.00**