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SECRETARY OF STATE
ANASSEE, FLORIDA

J. BRYAN

AUG 2 9 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: McAuto 250 How Mame of Limited Liability Company
The enclosed Articlès of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
MCADDOWS, UC
17683 N. DUE HABLY THY
Wt7 PC 33548  City/State and Zip Code
E-mail address: (to be used for future annual report motification)
For further information concerning this matter, please call:
Name of Person at (813 846-4238)  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$30.00 Filing Fee \$\ \text{Certificate of Status}\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$ (additional copy is enclosed) \$\ \text{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

McArto-Low (Name of the Limited Liability Com	HOWANS, UC
(A Florida Limite The Articles of Organization for this Limited Liability Compa	any were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	A A A A A A A A A A A A A A A A A A A
(Principal office address MUST BE A STREET ADDRESS)	P.S. 26 L
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new nere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
4 <u>6</u>	ANTE MCMULEN	3ASTRINITY CONNET DE CANDOLANTES EZ SAKSB	Add Remove
			Add Remove
<del></del>			Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change(	(s) here: (Attach additional sheets, if necessary.)	FIL AUG 26
		SSEE FLORIDA	
Dated S	23 ,201		<u></u>
-	James	r authorized representative of a member  R  r printed name of signee	WE )

Page 2 of 2

Filing Fee: \$25.00