## 10000020681

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T. HAMPTON 1105 8 1 NAL EXAMINER

## **COVER LETTER**

	ation Section n of Corporations	<b>,9</b>	
SUBJECT:	THE MALENZIE (	CYCUP LLC mited Liability Company	
The enclosed Art	ticles of Amendment and fee(s) are s	submitted for filing.	
Please return all	correspondence concerning this matt	ter to the following:	
	Charles	Hamilton IV Name of Person	
	The smak	Firm/Company	
	lookrishi A	NN C+ Address	
	Whiter spr	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	etion)
For further inform	nation concerning this matter, please		
Chanl	or Hamilton Name of Person	at (407) 394 - 70 Area Code & Daytime	751 Telephone Number
Enclosed is a che	ck for the following amount:		
\$25.00 Filing	Fee \$\int_\$30.00 Filing Fee & Certificate of Status	S55.00 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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

11 JAN 14 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

January 5, 2011

CHARLES HAMILTON IV 100 KRISTI ANN CT WINTER SPRINGS, FL 32708

SUBJECT: THE MAKENZIE GROUP LLC

Ref. Number: L10000020681

We have received your document for THE MAKENZIE 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L06000061908 (BFC, LLC).

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) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 811A00000409

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILLU SECRETARY OF STATE DIVISION OF CORPORATIONS

11 JAN 14 PM 2: 86

Name of the Limited	ENZIE (	roup LI		<del></del>
(Name of the Limited) (A	Florida Limited I	ny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Lia Florida document number 2 2100000	ability Company	were filed on	23/2010	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of  The new name must be distinguishable and end with "L.L.C."	13 RC	roitar.	LLC	LC" or the abbreviation
Enter new principal offices address, if applica	ble:	100.12irsu	F) MARI	
(Principal office address MUST BE A STREET	(ADDRESS)	Myer of	eines FL,	8075
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE E	<u>30X)</u>			
B. If amending the registered agent and/o registered agent and/or the new registered off			r records, <u>enter t</u>	<u>he name of the new</u>
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		P
New Registered Office Address:	Ai Dan Ct Enter Sprins	r Florida street addı	ress	
	Sainter	Springs	, Florida <u> </u>	2 <b>7</b> 08
		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 Name **Type of Action Title** Address \_\_\_ Add Remove Remove ☐ Add Remove ∏Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00