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SECRETARY OF WALL

COVER LETTER

TO:	Registration Se Division of Cor			.	
SUBJI	ECT:	McDonal	d & Senat, LLC		
		Name of Limit	Name of Limited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Jas	son C. McDonald, Esq.		
		· · · · · · · · · · · · · · · · · · ·	Name of Person		
Address					
	Hialeah, FL 33015 City/State and Zip Code				
	Jason McDonald01@hotmail.com E-mail address: (to be used for future annual report notification)				
For fur	ther information o	oncerning this matter, please ca	ali:		
Louis C. Senat, Esq.			at (954) 8	117-4672	
	Name	i reison	Alea Cola: it Daylinic	relepante Number	
Enclos	ed is a check for t	he following amount:			
[]\$ 25	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ld & Senat, LLC		
(Name of the Limited Liability ((A Florida Li	ompany as it now apper mited Liability Company	ars on our records.)	····
The Articles of Organization for this Limited Liability Co.	mpany were filed on	April 12, 2010	and assigned
Florida document number L10000038940			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company h	<u>ere</u> :	
	ld & Senat, P.L.		
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Com	pany," the designation "Ll	
Enter new principal offices address, if applicable:			<u>*</u>
(Principal office address MUST BE A STREET ADDRE	(225)		X 500 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
			Y
			
			3 3 2 5
Enter new mailing address, if applicable:			- 15
(Mailing address MAY BE A POST OFFICE BOX)		Marie 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
			F
B. If amending the registered agent and/or registered agent and/or the new registered office addre		our records, enter th	e name of the nev
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:		·	
	1	Enter Florida street addr	ess
		, 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 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>	<u>Name</u>	Address	Type of Action			
			Add Remove			
	V2. 1 - 17. (1. 1. 17. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		Add Remove			
			Add Remove			
			Demove.			
			AddRemove			
			(TID amous			
D. If amen	ding any other information	on, enter change(s) here: (Attach additional sheets,	if necessary.)			
-						
Dated	May 6					
	Signa	ture of a member or authorized representative of a memb	er			
		Jason C. McDonald, Esq. Typed or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00