

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP		MAIL
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J. SAULSBERRY EXAMINER

AUG 3 0 2011

TO:	Registration S Division of Co			
SUBJE	ĊТ:	MC	LUSH LLC	
50 000	cn		ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
			SHANNON YATES	-
			Name of Person	
			MCLUSH LLC	_
			Firm/Company	-
		1345	1 MCGREGOR BLVD. 5-8	<u></u>
		· · · ·	Address	ALL SEC
		FORT	MYERS, FLORIDA 33919	FIL SECRETARY ALLAHASSE
			City/State and Zip Code	ASSIG
		lus	hshannon@gmail.com	mo int
		E-mail address: (to be used for future annual report notification)	FLOR B:
For furt	her information c	concerning this matter, please of	й. Г	LORIDA
	sh	annon yates	at (239) 738-6066	
	Name c	of Person	Area Code & Daytime Telephone Number	er
Enclose	d is a check for t	he following amount:		
	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	ate of Status &
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

COVER LETTER

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ARTICLES OF A TO ARTICLES OF O OI) RGANIZATION	
MCLUS (Name of the Limited Liability Compar (A Florida Limited L	H LLC ay as it now appears on our iability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document numberL10000100127	were filed on9/2	4/2010 and assigned
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	2011 AUG SECRET
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the	designation "LLOP the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		RIDA A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13451 MCGREGOR FORT MYERS, FLC	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		rds, <u>enter the name of the new</u>
Name of New Registered Agent: SHANNON	YATES	

New Registered Office Address:	13451 MCGREGOR BLVD. 5	5-8	
	Enter Florida street address		
·	FORT MYERS	, Florida	33919
	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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agont, Signature of New Registered Agent

Page	1	of 2	
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If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

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MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	VIRGINIA YATES	5215 TOWER DRIVE CAPE CORAL, FLORIDA 33904	Add ∕ Remove
<u>MGRM</u>	SHANNON YATES	1625 SE 46TH STREET CAPE CORAL, FLORIDA	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.)

 Dated	AUGUST 14 , 2011 . Signature of a member or authorized representative of a member Typed or printed name of signee	TALLAHASSEE. FLORDA	FILED
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