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COVED LETTED

~•	COVER LETTER	
	istration Section sion of Corporations	
SUBJECT:	MCELWEE BUSINESS GROUP LLC	
Sobsect.	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:	
	MARK McELWEE	
	Name of Person	
	MCELWEE BUSINESS GROUP LLC OR NEW Firm/Company MCK	NAME LIWI ENTERPRISES LLC
	210 W HANCOCK ST	*
•	Address	ZOIO DEC
	LAKELAND FL 33803 City/State and Zip Code	
	MKMCELWEE@GMAIL.COM E-mail address: (to be used for future annual report notification)	SSEEL A
For further in	formation concerning this matter, please call:	III:2
	MARK McELWEE at (863) 701-5254	
	Name of Person Area Code & Daytime Telephone Number	
Enclosed is a	check for the following amount:	
□ \$2 5.00 Fi	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	te of Status &

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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

MCELWEE BUSINESS GROUP LLC (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 NOVEMBER 16,2010 and assigned L1000011856 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MCKIWI ENTERPRISES LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

New Registered Agent's Signature, if changing Registered Agent:

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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.

City

If Changing Registered Agent, Signature of New Registered Agent

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MGR = Manager

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:

MGRM = 1	Managing Member		
Title ·	<u>Name</u>	Address	Type of Action
	<u></u>		Add Remove
			Add Remove
			Add Remove
			F-1 Damana
·····			Add Remove
D. If amen	ding any other information, ente	r change(s) here: (Attach additional she	Add Renwye
			6 AHII: 26
Dated	DECEMBER 1st	$\sqrt{\frac{2010}{a}}$,
	Signature of a	member or authorized representative of a me	en ber
		MARK D McELWEE	
	-	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00