

L12000038955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2013 NOV 12 PM 3:47
TALLAHASSEE, FL 32309

B. ROSTICK
NOV 13 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

MAC E EMC LLC

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:

Elizabeth Castillo

Name of Person

MAC E EMC LLC

Firm/Company

17900 NW 5th St. Suite 201

Address

Pembroke Pines, FL 33029

City/State and Zip Code

ecastillo003@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Castillo

Name of Person

at (305) 586-8846

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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

TALLAHASSEE, FL 32301

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MAC & EMC, 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 3/16/12 and assigned Florida document number 612000038555.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

same → MAC & EMC 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)

same
17900 NW 5th St Suite 201
Pembroke Pines, FL 33029

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:

Elizabeth Castillo

New Registered Office Address:

17900 NW 5th St Suite 201

Enter Florida street address

Pembroke Pines, Florida 33029

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.

(Signature)
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

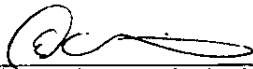
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Elizabeth Castillo	17900 NW 5th St	☒ Add
		suite 201	☐ Remove
		pembroke pines, FL 33029	
Member	Juan Castillo	17900 NW 5th St	☒ Add
		suite 201	☐ Remove
		pembroke pines, FL 33029	
MGRM	Marcus A Castillo	17900 NW 5th St	☐ Add
		suite 201	☒ Remove
		pembroke pines, FL 33029	
			☐ Add
			☒ Remove
			☐ Add
			☒ Remove
			☐ Add
			☐ Remove

TALLAHASSEE, FL 32301

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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

Elizabeth Castillo

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA