

L130000006165

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DIVISION OF CORPORATIONS
14 APR 22 AM 10:40

APR 22 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mac's Enterprises of Tallahassee, 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:

~~Lee McArthur~~ Joy A. Shields
Name of Person
Shield - It Enterprises, LLC
~~Mac's Enterprises of Tallahassee, LLC~~
Firm/Company
Family Tree Lane 603 Barineau Rd.
Address
Tallahassee, FL 32304
City/State and Zip Code
shield-it@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joy A. Shields at (850) 727-4873
Name of Person 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Mac's Enterprises of Tallahassee, 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 1/11/13 and assigned Florida document number 413000006165

This amendment is submitted to amend the following:

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

Shield-It 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)

603 Barineau Rd.
Tallahassee, FL 32304

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

603 Barineau Rd.
Tallahassee, FL 32304

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:

Joy A. Shields

New Registered Office Address:

603 Barineau Rd.

Enter Florida street address

Tallahassee, Florida 32304

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 605, 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.

Joy A. Shields
If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
Owner	Joy A. Shields	603 Barineau Rd. Tallahassee, FL 32304	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	David Shields	603 Barineau Rd. Tallahassee, FL 32304	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Gary E. Shields	603 Barineau Rd. Tallahassee, FL 32304	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	MAC's Enterprises of Tall., LLC	Lee McCalvin	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Teresa McCalvin	Teresa McCalvin 5274 Family Tree Dr. Tall. FL 32303	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

All concerning Mac's Enterprises
of Tallahassee, LLC to be
removed.

E. Effective date, if other than the date of filing: 4/22/14 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 4/22/14, _____.

Jay A Shields

Signature of a member or authorized representative of a member

Jay A. Shields

Typed or printed name of signee

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Filing Fee: \$25.00

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