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(Re	equestor's Name)	
(Ad	ldress)	<u>-</u>
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(Do	ocument Number)	
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K.SALY EXAMINER MAR 5 - 2013

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: MAC'S Developments LLC

Name of Limited Lightility Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

MAC'S DEVELOPMENTS IIC

Firm/Company

Address

Edgenter F 30133

City/State and Zip Code

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

For further information concerning this matter, please call:

Lebi Telley

Name of Person

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)

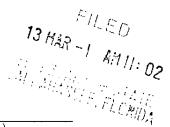
MAILING ADDRESS:

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



(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A)	Torida Entitled Elability Company)
The Articles of Organization for this Limited Lia Florida document number	ability Company were filed on 3-30-13 and assigned
	<u> </u>
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of	the limited liability company here:
·	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	(ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u>sox</u>)
	r registered office address on our records, enter the name of the new
registered agent and/or the new registered off	ice address here:
N. CN. B. C. IA	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Cin: Zin 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 Type of Action <u>Title</u> **Address** Name | m M Cocken 7311 Ethan Allen Hwy 57 Albans, VT05478 mgen Mourice Meaden 160 Godfrey Remove

D.	amending any other information, enter change(s) here: (Attach additional sheets, if necessar	ry.)
Dat	February 25th, 2013,	
	- Louit Soller	
- (
	Signature of a member or authorized representative of a member	

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Page 3 of 3

Filing Fee: \$25.00