

4130000591088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

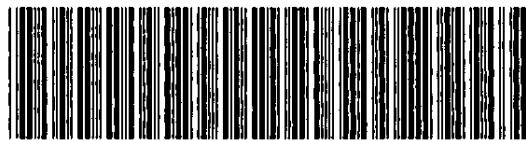
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

JUN 18 2013

L SELLERS

Office Use Only



200248401572

06/14/13--01009--003 **30.00

13 JUN 14 PH 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: **Registration Section
Division of Corporations**

Macland LLC

SUBJECT: 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:

Michelle Cefolia

Name of Person

Macland LLC

Firm/Company

1530 SE Sunshine Ave

Address

Port St Lucie, FL 34952

City/State and Zip Code

macefolia12@gmail.com

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

For further information concerning this matter, please call:

Michelle Cefolia

772 418-0538

Name of Person

at (

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$25.00 Filing Fee	<input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$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**

Macland 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 4/22/2013 and assigned Florida document number L13000059088.

This amendment is submitted to amend the following:

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

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

City

, Florida

13 JUN 14 PH 340
FILED
SECRETARY OF STATE
TALLAHASSEE, FLA.
Zip Code 32399

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 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>
mmbr	Michelle Cefoli	1530 SE Sunshine Ave	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
mmbr	Madisyn Audette	1530 SE Sunshine Ave	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
mmbr	Joshua Davidson	1530 SE Sunshine Ave	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____, _____.

Macayla

Signature of a member or authorized representative of a member

Michelle Cefolia

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00