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AUG 1 5 2013

D. BRUCE

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT:

McCafferty Contracting, 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:

Brenda Chambers

Name of Person

Total Business Solutions-Bookkeeping Division

Firm/Company

603 N Ferdon Blvd

Address

Crestview, FL 32536

City/State and Zip Code
brenda@tbscrestview.com

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

For further information concerning this matter, please call:

Brenda Chambers

850 423-1099

Enclosed is a check for the following amount:

Name of Person

\$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:

Area Code & Daytime Telephone Number

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

McCafferty Contracting, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our recorted Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Com	pany were filed on May 10, 2013	and assigned
Florida document number <u>L13000068711</u>		
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 "L.L.C."	Limited Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		- 100 at
(Principal office address MUST BE A STREET ADDRES	<u>S)</u>	
		ATT A THE STATE OF
		ARY SSE
Enter new mailing address, if applicable:		in
(Mailing address MAY BE A POST OFFICE BOX)		Contract Institute
	<u> </u>	9
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, shere:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	reet address
	, Flor	
	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.

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 Title <u>Name</u> <u>Address</u> Type of Action 209 Lakeview Drive Dennis A McCafferty MGR Crestview, FL 32539 Remove Remove Remove Remove

D. If amending any other information,	enter change(s) here: (Attach additional sheets, if necessary.)
•	
·	
Dated August 08	²⁰¹³
Brenda ()	Panbew)
	e of a member or authorized representative of a member
Brenda Chambers	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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