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K. SALY **EXAMINER** JUN 1 9 2013

## **COVER LETTER**

**Registration Section Division of Corporations** 

McCation 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:

James M. Jansing

Name of Person

Keating Muething & Klekamp PLL

Firm/Company

Suite 1400 One East Fourth Street

Address

Cincinnati, OH 45202

City/State and Zip Code

jjansing@kmklaw.com

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

For further information concerning this matter, please call:

James M. Jansing

at (513)579-6439

Area Code & Daytime Telephone Number

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



McCation LLC

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

(A Florida Limited Liability Company)

(A Flor	ida Limited Liability Company)	$\mathcal{A}_{i}$
The Articles of Organization for this Limited Liabili Florida document number L13000071847	ty Company were filed on 5/13/2013	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
McKation LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET AL	ODRESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registered agent and/or the new registered office		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
_	, Floric	da
	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 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

<u> </u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
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			Remove

If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
·	
June 12	2013
- Un	T. alle
S	ignature of a member or authorized representative of a member
Michael T. Mo	:Kenna, Manager 🛝
<u></u>	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00