13000081881

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	,
(Cit	ty/State/Zip/Phon	e #)
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COVER LETTER

TO:

Registration Section
Division of Corporations

CUDIFCT

Maryann Casey 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:

Maryann Casey

Name of Person

Maryann Casey LLC

Firm/Company

7570 Manasota Key Rd

Address

Englewood, FL 34223

City/State and Zip Code

MaryannCasey@michaelsaunders.com

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

For further information concerning this matter, please call:

Maryann Casey

941 468-3741

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

Maryann Casey LLC		
(Name of the Limited I	Liability Company as it now appears on our record	<u>s.) විරු</u> වර්
(A)	Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number <u>L13000081881</u>	ability Company were filed on 6/6/2013	and assigned
This amendment is submitted to amend the follow	wing:	Transport
A. If amending name, enter the new name of	the limited liability company here:	>
MAC Investments of Englewood LLC		
	the words "Limited Liability Company," the designation	tion "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	TADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE E	<u></u>	
B. If amending the registered agent and/o registered agent and/or the new registered off	or registered office address on our records, <u>e</u> fice address here:	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office / Iddiess.	Enter Florida stre	et address
	, Flori	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, <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 <u>Address</u> **Type of Action** <u>Title</u> <u>Name</u> Remove Remove Remove Remove Remove

If am	mending any other information, enter change(s) here: (A	ttach additional sheets, if necessary.)	
			هېپ
ted	July 15, 2013.		ಪ <u>≒</u>
	Maryone Osse	4 - 17 1	26
	Signature of a member or authorized	ind C.	H
	MARYANN C Typed or printed nan	ie of signee	<u>်</u> မော ယ
	Page 3 of	3	ို ယ
	Filing Fee: \$	25.00	