

L3000085624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

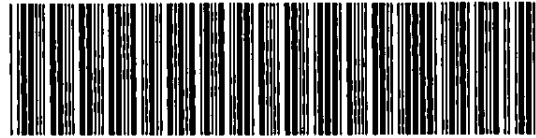
(Business Entity Name)

(Document Number)

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06/28/13--01009--014 **25.00

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13 JUN 28 PM 12:07
CLERK OF COURT
MILWAUKEE, WISCONSIN

JUL 03 2013
D. BUTLER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAC Installations, 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:

William McAllister
Name of Person

MAC Installations, LLC
Firm/Company

485 Deacon Avenue NE
Address

Palm Bay, FL 32907
City/State and Zip Code

CC485@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William McAllister at (321) 768-1900
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

FILED
13 JUN 28 PM 12:07
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MAC Installations, 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 6-13-13

Florida document number L13 000085624

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13 JUN 28 PM 4:07
TALLAHASSEE
FLORIDA

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:

William McAllister

New Registered Office Address:

485 Deacon Avenue NE

Enter Florida street address

Palm Bay
City

Florida

32907

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.

William McAllister
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

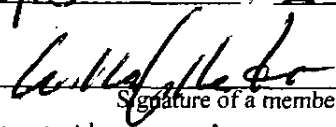
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	William McAllister	485 Deacon Avenue	<input checked="" type="checkbox"/> Add
		Palm Bay, Fl. 32907	<input type="checkbox"/> Remove
MGR	Carson Justice	1313 Arikon Avenue NE	<input type="checkbox"/> Add
		Palm Bay, Fl 32907	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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13 JUN 28 11:20 AM '07
 OFFICE OF STATE
 CLERK
 TALLAHASSEE, FLORIDA

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

Dated 6/25/13, 2013


Signature of a member or authorized representative of a member
William A. McAllister
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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13 JUN 28 PM 12:07
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ALACHUA COUNTY, FLORIDA