

L130000856024

(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:

Wing  
Team

Office Use Only



800252546008

10/15/13--01051--006 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 DEC -3 PM 2:24

FILED

DEC 04 2013

2:24 PM



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 17, 2013

WILLIAM MCALLISTER  
MAC INSTALLATIONS LLC  
485 DEACON AVENUE NE  
PALM BAY, FL 32907

SUBJECT: MAC INSTALLATION'S LLC  
Ref. Number: L13000085624

We have received your document for MAC INSTALLATION'S LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jeraline Saulsberry  
Regulatory Specialist II

Letter Number: 513A00024299

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 DEC -3 PM 2:24

FILED

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MAC Installations, LLC

DOCUMENT NUMBER: L13000085624

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Mcallister

Name of Contact 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 / Michael Garceau at 321

Name of Contact Person

288-5953

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2003 DEC - 3 PM 2:24

FILED

**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 and assigned  
Florida document number L13000085624.

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:

Michael Garceau

New Registered Office Address:

1143 Craftsland Lane NE

Enter Florida street address

Palm Bay  
City

Florida

32909  
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.

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

FILED  
2013 DEC -3 PM 2:24  
CLERK OF DISTRICT COURT  
JAILLARD COUNTY FLORIDA

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

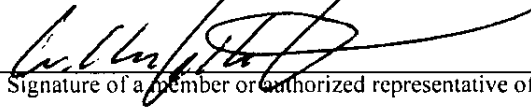
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Michael Garceau	1143 Craftsland Lane NE	<input checked="" type="checkbox"/> Add
		Palm Bay, Fl. 32905	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
2013 DEC -3 PM 2:24  
TALLAHASSEE FLORIDA  
CLERK OF STATE

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated October 29, 2013.



Signature of a member or authorized representative of a member

William Mcallister MGR

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

**FILED**  
2013 DEC -3 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA