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K.SALY EXAMINER MAK 28

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:
Michael Garceau Name of Person
MAC Installations, LLC Firm/Company
1143 Craffsland Lane NE
Palm Bay, Fl. 32905 City/State and Zip Code Mikeya 4 platinum on hot mail. com Elmal address: (to be used for fixure annual report notification)
mikeya 4 platinum a hotmail. com Elmal address: (to be used for fixure annual report notification)
For further information concerning this matter, please call:
Michael Garceau at (321) 704-4410 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& Certificate of Status \$\Bigcup \$55.00 Filing Fee \& Certified Copy & Certified Copy (additional copy is enclosed) \$\Bigcup \$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

FILED
2016 MAR 25 PM 3: 22
ALTAHASSI OF STATE

New Registered Agent's Signature, if changing Registered Agent:

registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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 605, 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

Enter Florida street address

MGR = Man AMBR = Auti	ager norized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michelle Luce	1143 Craffsland Lane NE	X,\\du
		Palm Bay, Fl. 32905	□ Remove
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			20 ARM Remos Press 22
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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1 e11 <u>te:</u>	ve date, if other than the date of filing: 3-14-16 (optional) retive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ent's effective date on the Department of State's records.	5.0207 ed as t
rec he	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli 90th day after the record is filed.	er of
ed .	March 13, 2016.	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00