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COVER LETTER

| TO: Registration Section | . 40 |
|--|-----------|
| Division of Corporations Mc Gregor's II C | |
| SUBJECT: Mc Gregor's LLC Name of Limited Liability Company | |
| 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: | |
| Heiko Heidt Name of Person | |
| Mc Gregor's LLC Firm/Company | |
| 5101 Del Prado Blud 5 | |
| Cape Corel, Fl. 33904 City/State and Zip Code | |
| Cape Corel, Fl. 33904 City/State and Zip Code Fall Okussi, net E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | 771 |
| Heiko Heidt at (239) 565-0712 | ## [2: 24 |
| Name of Person Area Code Daytime Telepho | ne Number |
| Enclosed is a check for the following amount: | |

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 CTREF'MCOURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassi e, FL 32301

Mc Gregor's LLC



5101 Del Prado Blvd.S. Cape Coral Florida 33904

Department of State
Corporate Filings
P.O. Box 6327
Tallahassee, Fl. 32314

07/28/2014

Document # L13000125132

To whom it may concern,

Attached you find a resolution to add Mr. Ralf Kussmann as MGRM to this LLC along with a check for the filing fee.

Best Regards

Heiko Height) MGRM

Cell # 239-586-0712 Fax # 239-236-0393

J.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| (Name of the Limited Liability Company (A Florida Limited Liab | as it now appears on our records.) | |
|---|--|---------------------------------------|
| The Articles of Organization for this Limited Liability Company we Florida document number <u>L13000125132</u> . | | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabilit | y company here: | |
| The new name must be distinguishable and end with the words "Limited Liability Enter new principal offices address, if applicable: | y Company," the designation "LLC" or the abbre | viation "L.L.C." |
| (Principal office address MUST BE A STREET ADDRESS) | | 26 |
| Enter new mailing address, if applicable: | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | G |
| (Mailing address MAY BE A POST OFFICE BOX) | 71 ¹³ | 2 2 |
| B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here: | ce address on our records, enter the | name of the nev |
| Name of New Registered Agent: | | |
| New Registered Office Address: | En er Florida street address | · · · · · · · · · · · · · · · · · · · |
| | , Florida | Zip Code |
| | City . | лр Соае |

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

AA.

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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Title Type of Action** Name Address Heiko Heidt 5101 Del Prado Blvd.S. **MGRM** Cape Coral, Fl. 33904 ☐ Remove Ralf Kussmann 1718 SW 45th Street **MGRM ■** Add Cape Coral, Fl. 33914 ☐ Remove ्र् □=Remove ☐ Remove □ Add ☐ Remove ☐ Add ☐ Remove

| Heiko Heidt | 50% | |
|---|---|------------|
| Ralf Kussm | ann 50% | |
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| | | (optional) |
| effective date must be speci date this document is filed | ific, cannot be prior to date of receipt or filed date and cannot by the Florida Department of State) | |
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Page 3 of 3

Filing Fee: \$25.00