

L13000/52282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED
2013 NOV - 6 PM 4:35
ALLAHSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Joseph Macks LLC
Name of Limited Liability Company

FILED
2013 MAY -6 PM 4:35
TALLAHASSEE, FL 32301

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph D Macks
Name of Person
Joseph Macks LLC
Firm/Company
3751 East Olive Rd. Apt 5
Address
Pensacola FL 32514
City/State and Zip Code
joesmax@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Macks at (850) 698-8649
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

(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 10/29/2013 and assigned
Florida document number L13000152282.

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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, 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>
MGRM	Austin MACKS	7132 Coronado Dr.	<input checked="" type="checkbox"/> Add
		Pensacola, FL 32526	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 11-21-13 BY 60322 UCBAW

2013 MAY -6 PM 4:30
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 11/04/2013, _____.

Joseph D. Marks

Signature of a member or authorized representative of a member

Joseph D. Marks

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2013 NOV -6 PM 4:35
CLERK OF DISTRICT COURT
SOUTH FLORIDA