

L14000048356

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Macy-Lucy, 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:

Karen Gill
Name of Person

Capital Wealth Advisors
Firm/Company

9045 Strada Stell Ct. Suite 106
Address

Naples FL 34109
City/State and Zip Code

Karen@capitalwealthadvisors.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Gill at 239 5664809
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2014 JUN -5 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Macy-Lucy, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3.24.14 and assigned
Florida document number L14000048386

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)

Capital Wealth Advisors
9045 Strada Stell CT Suite 106
Naples FL 34109

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Capital Wealth Advisors
9045 Strada Stell CT Suite 106
Naples FL 34109

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:

Capital Wealth Advisors

New Registered Office Address:

9045 Strada Stell CT Suite 106

Enter Florida street address

Naples

City

, Florida

34109

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 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.

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

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

MGR = Manager

AMBR = Authorized Member

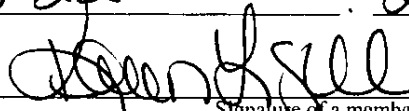
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	James R Nici	C/O Nici Law Firm	<input type="checkbox"/> Add
		1185 Immokalee Rd #110	<input checked="" type="checkbox"/> Remove
		Naples FL 34110	
MGR	George A Wilson	Wilson + Johnson	<input checked="" type="checkbox"/> Add
		2425 Tamiami TRN #211	<input type="checkbox"/> Remove
		Naples FL 34102	
AMBR	Karen L Gill	Capital Wealth Advisors	<input checked="" type="checkbox"/> Add
		9045 Strada St Ct #106	<input type="checkbox"/> Remove
		Naples FL 34109	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 5.22 2014


Signature of a member or authorized representative of a member

Karen L Gill
Typed or printed name of signee

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2014 JUN -5 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA