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COVER LETTER

	ision of Co			
SUBJECT:		'S CONSTRUCTION, PAINT	& REMODELING, LLC	
SUBJECT.		Name of Lin	nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	ı all correspo	ondence concerning this matter	to the following:	
		Michael A Scott, Esq.		
		-	Name of Person	
		The Dorcey Law Firm, PL	.c	
			Firm/Company	
		10181 Six Mile Cypress P	arkway, C	
			Address	
		Fort Myers, FL 33966		
			City/State and Zip Code	
		mike@dorceylaw.com	to be used for future annual report not	ification)
For further in	nformation o	concerning this matter, please c	·	meanon)
Michael Sco	ott		239 340-8696 at ()	
	Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a	a check for t	he following amount:		
■ \$25.00 F	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)
	/	INC ADDRESS.	CTREET/COUR	IED ADDRESS.
MAILING ADDRESS: Registration Section		STREET/COUR Registration Section	on	
(P.O. B	on of Corporations ox 6327	Division of Corpo Clifton Building	
	Tallah	assee, FL 32314	2661 Executive C	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCLEOD'S CONSTRUCTION, PAINT & REMODELING, LLC

٠

(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 $\frac{02/17/2006}{1}$ and assigned Florida document number ____L14000054599 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MCLEOD'S CONSTRUCTION, PAINT & RESTORATION, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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.

If Changing Registered Agent, Signature of New Registered Agent

Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = MAMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			☐ Change
			Remove Remove Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	, , , , , , , , , , , , , , , , , , , ,
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Effect	tive date, if other than the date of filing:
(If an et Note:	ffective 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 65.0207 (3). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	2/15, 201G.
	Signature of a member or authorized representative of a member
	\sim
	MICHAEL SCOTT, AUTH REP. Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00