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APR 1 7 2015 S. YOUNG

COVER LETTER

Division of Corporations
SUBJECT: Micwellis Commercial Enterprises, 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:
Deane Barnes Name of Person Micwal's Commercial Kitegris, LLC Firm/Company 255 W. Jenneue M. 744 Apt. #4402 Address Jallahane, 21 32304 City/State and Zip Code
In a Micwalis. Um Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Micwalis Commercial	Enteries, LLC.
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L14000146832</u> .	pany were filed on 9/19/14 and assigned
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	2525 West Jernessee St. Sellahanee 71,32304 Apt# 4402
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 5523 Fallahaner €1,32314
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:
Name of New Registered Agent:	chiel Grant I
New Registered Office Address: 2525	W. Jennessee St. art # 4402 Enser Florida street address
Jall	alouse, Florida 32304 City Zip Code
New Registered Agent's Signature, if changing Registered Ag	gent:
provisions of all statutes relative to the proper and comp	agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is effice address, I hereby confirm that the limited liability
	Changing Registered Agent, Signature of New Registered-Agent
\mathbf{P}_{i}	age 1 of 3

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 Address Title <u>Name</u> Type of Action Michael Grant 15826 Robin Hill Loop - Add Clermont 21, 37414 ARemove Deano Barnes 2525 West Jumenes St. & Add art # 4402, Pallahause, _ Remove *a*1 32304 Michael Grant II 2525 West Jernessee St. XAdd MGR apt #4402, Tallaharree - Remove 21 32304 ☐ Add ☐ Remove □ Add ☐ Remove

If amendi	ing any other	information, ent	er change(s) here	: (Attach additiona	l sheets, if necessary.)
`					
Effective of the effective the date this	date, if other e date must be spended to the date date must be spended to the date of the	than the date of the ecific, cannot be priored by the Florida Depa	filing: to date of receipt or fi rtment of State)	led date and cannot be m	(optional) Fore than 90 days after
Dated <u>(</u>	Goil 17		, <u>2015</u>		
•	4.20	Signature	of a member or autho	orized representative of	a member
	Degno	BAINES		•	
			Typed or printe	d name of signee	

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Filing Fee: \$25.00

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