

L14000167467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2017 JAN 23 A 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JAN 24 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2017

ALIF S. MCFADDEN
3165 GRAND AVE, UNIT 204
PINELLAS PARK, FL 33782

SUBJECT: MCFADDENTERPRISES, LLC
Ref. Number: L14000167467

RECEIVED
2017 JAN 24 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MCFADDENTERPRISES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 717A00000806

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TALLAHASSEE, FLORIDA

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Please Refund the remaining \$10.00 by mail.

Thank You,

Alif McFadden

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McFadden 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:

Alif McFadden

Name of Person

McFadden Enterprises, LLC

Firm/Company

3165 Grand Ave #204

Address

Pinellas Park, FL 33782

City/State and Zip Code

alifsmcfadden@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alif McFadden

Name of Person

at (727)

Area Code

245-0108 x 2

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

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TALLAHASSEE, FLORIDA

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

MC FADDENTERPRISES, LLC

(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 October 28, 2014 and assigned Florida document number L14000167467.

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 contain 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)

3165 Grand Ave

Unit 204

Pinellas Park, FL 33782

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3165 Grand Apt

Unit 204

Pinellas Park, FL 33782

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:

3165 Grand Ave, Unit 204

Enter Florida street address

Pinellas Park

City

, Florida

Zip Code

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TALLAHASSEE, FLORIDA
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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

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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Change

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STATE
TALLAHASSEE, FLORIDA

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

McFadden Enterprises, LLC is a Florida based company offering the following services: Real Estate Development, Real Estate Investing, Property Management, Small Business Development, Franchising, Biblical Marriage Counseling, Marriage Retreats, Wedding Officiant Services, Notary Services, Aquarium Services, Pond Services, Landscaping Services, Computer Services, Charter Cruises, Indoor / Outdoor Recreational Games, and Graphic Design. The mission of McFadden Enterprises, LLC is to build generational wealth through real estate and family businesses.

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

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated January 19, 2017

Alif McFadden

Signature of a member or authorized representative of a member

Alif McFadden

Typed or printed name of signee