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## **COVER LETTER**

	Registration, Se Division of Cor				
SUBJEC		MACK RL 13, LLC			
SUBJEC	-1; <u> </u>	Name of Lin	ited Liability Company	·····	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	indence concerning this matter	to the following:		
		GERALD W MCKINNEY			
Name of Person					
MIGHTY MACK ENTERPRISE, LLC					
Firm/Company					
		PO BOX 830764			
			Address		
		OCALA FL 34483-0764			
		2001	City/State and Zip Code		
		mail@21stcenturyfinanciali	nc.com o be used for future annual rep	ort notification)	
For furth	er information c	oncerning this matter, please c	•	7015 FALL	
GERAL	D W MCKINNE	ΣY	352 622-2	32	
Enclosed	Name o	f Person  ne following amount:	Area Code	Daytime Telephone Numbers 2	
	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registr Divisio P.O. Bo	ation Section of Corporations ox 6327 ssee, FL 32314	Registration Division of Clifton Buil	Corporations ding tive Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIGHTY MACK RL 13, LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our recordiability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number L14000177106	were filed on 11/14/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
MIGHTY MACK RL 1420, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	89 NE 56TH TER	<del></del>
Incipal office address MOST BE A STREET ADDRESS/	OCALA FL 34470	Por 2
	-	
nton nove moiling address if annihilation		3
nter new mailing address, if applicable:	PO BOX 830764	m-< - m
Mailing address MAY BE A POST OFFICE BOX)	OCALA FL 34483-0764	<u> </u>
		S 28
3. If amending the registered agent and/or registered of	ffice address on our recor	ds enfer the name of the
egistered agent and/or the new registered office address her		us, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	ess
	<del>.</del>	71
	, F	FloridaZip 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.

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> Type of Action □ Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add □ Remove ☐ Change Ų٦ <mark>⊘</mark>⊟ Add □ Remove ☐ Change \_□ Add ☐ Remove

☐ Change

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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior : If the date inserted in this block does not meet the applic	to date of filing or more than 90 days after filing.) Pursuant to 605, able statutory filing requirements, this date will not be liste
iment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but no	ot an effective time, at 12:01 a.m. on the earlie
e 90th day after the record is filed.	
DECEMBER 17 2015	
d	<u> </u>
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Typed or printed name of signee

Filing Fee: \$25.00