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(Requestor's Name)
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(Business Entity Name)
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Special Instructions to Filing Officer:

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#### **COVER LETTER**

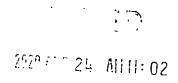
TO: Registration Division of C						
	Effin Amaz	zing LLC				
SUBJECT:	Name of Lim	ited Liability Company	<del></del>			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.				
Please return all corres	spondence concerning this matter	to the following:				
		Daniel McGaw				
		Name of Person				
		Firm/Company				
		1119 Bellaire Circle				
	Address		<del> </del>			
		Orlando Florida 38204				
		City/State and Zip Code dan@effinamazing.com				
	E-mail address: (	to be used for future annual report noti	fication)			
For further information	n concerning this matter, please c	all:				
Nam	e of Person	at () Area Code Daytim	e Telephone Number			
Enclosed is a check fo	r 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)			
<b>34.11</b> A 1.1		Saura 4 d l				

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	Effin Amazing LLC		•
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears a Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	12/31/2014	and assigned
Florida document number	<u></u> ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company her	<u>re</u> :	
McGaw LLC			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the de	signation "LLC" or the ab	previation "L.L.C."
Enter new principal offices address, if applicable:		<u>.</u>	
(Principal office address MUST BE A STREET ADDI	RESS)		
		1317 Edgewater Dr #724	
Enter new mailing address, if applicable:	<u></u>	Orlando, FL 32804	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our re	cords, <u>enter the nam</u>	e of the new register
Name of New Registered Agent:			10.0
New Registered Office Address:	1317 Edg	ewater Dr #724	
	Enter Flori	da street address	
	Orlando	Florida	32804
	Ciņ		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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
1 HIC	Name	Address	Type of Action
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Note: If the	late is listed, the date must be date inserted in this block of the Department on the Department of th	does not meet	the applicable sta	i ming or more ma	1 20 days and 1011g.) 1	ursuant to 605,0207 ( ill not be listed as t
	specifies a delayed e day after the recor		, but not an e	fective time,	at 12:01 a.m. or	the earlier of:
Dated	April 13		<del>- 2020</del> .			
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_	iz	mature of a mem	ber or authorized re	resentative of a m	ember	

Typed or printed name of signee