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(Daywastada Nama)	
(Requestor's Name)	
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(City/State/Zip/Phone #)	
	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

TO: Registratio Division of	n Section Corporations		
McGav SUBJECT:	v LLC		
<u></u>	Name of Lim	ited Liability Company	
	s of Amendment and fee(s) are sub	-	
Please return all corr	respondence concerning this matter	to the following:	
	Daniel McGaw		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	McGaw LLC		
		Firm/Company	
	1119 Belleaire Cir		
		Address	
	Orlando, FL 32804		
	dan@mcgaw.io	City/State and Zip Code	
	-	to be used for future annual report notif	ication)
For further informati	on concerning this matter, please c	all:	
Daniel McGaw		321 202-1319 at ()	
Na Na	me of Person	Area Code Daytime	Telephone Number
Enclosed is a check t	for the following amount:		
\$25.00 Filing Fe	e \$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 Ad	dress:	Street Address:	

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

MCGAW LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	ay as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company vi	were filed on 12/31/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1317 Edgewa	11-11 Drive
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		vater Drive
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the nam	ne of the new registered
Name of New Registered Agent:		(5) (2) (-3)
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florida	Vin Corde
New Registered Agent's Signature, if changing Registered Agent:	Δiŷ	into Andre

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 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
AMBR	DiGeorge, Meredith Leigh	1119 Belleaire Cir	DAdd
		Orlando FL 32804	■Remove
			Change
			□ Add
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ctive date, if other than the date of f effective date is listed, the date must be specified. If the date inserted in this block does rument's effective date on the Department.	c and cannot be prior to da not meet the applicable	te of filing or more than 90 statutory filing requires	(optional)) days after filing.) Pursuant to ments, this date will not be	605.020 listed a
ord specifies a delayed effective date, but filed.	t not an effective time,	at 12:01 a.m. on the ear	lier of: (b) The 90th day a	after th
May 17	2021			

Typed or printed name of signee