L15 000 023 488

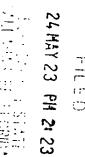
(Requ	restor's Name))
(Addre	ess)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	





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95/23/24--01029--021 **25.00



COVER LETTER

	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	EDWARD M. BURNS		
		Name of Person	
		Firm/Company	
	12640 Wisper Way	Address	
	FISHERS, INDIANA, 460	138	
		City/State and Zip Code	
	HLMEd@aol.com		
	E-mail address: (to be used for future annual report notif	fication)
For further information co	oncerning this matter, please ca	all;	
EDWARD BURNS		at (386) 405-3270 Area Code Daytim	
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	e following amount:		
X \$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	<u>u</u>	Street Address:	

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

TO:

Registration Section Division of Corporations

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

MACAW CONCEPTS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company lorida document number 1.15000023488	were filed on FEB 6TH 2015	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	12640 Wisper Way	
Principal office address MUST BE A STREET ADDRESS)	FISHERS, INDIANA 46038	
		2
inter new mailing address, if applicable:	12640 Wisper Way	HAY 2
Mailing address MAY BE A POST OFFICE BOX)	FISHERS, INDIANA 46038	3 m
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter th	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
	City	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 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		.	□Add
			□Remove
			☐ Change
			
			□Remove
			Change
			🗆 Add
		□Remove	
			Change
		🗀 Add	
			□Remove
			□ Channe

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Note:	ive date, if other than the date of filing:
e reco ord is f	rd 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 led.
Date (MAY 13TH Word Signature of a member of authorized representative of a member
	EDWARD M. BURNS Typed or printed name of signee