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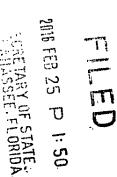
(Re	equestor's Name)	
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FEB 26 2016

S MASON

COVER LETTER

Division of Corporations
SUBJECT: Candi Mac Construction 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:
Candice Machak Name of Person
Candinac Construction LLC Firm/Company
1304 N 46+h AVe
Pensacola, FL 3250Lo City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Candice Machak at (850) 607-7506 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Stat
•

MAILING ADDRESS:

TO:

Registration Section

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

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

Candi Mac C	ONSTRUCTION LLC Liability Company as it now appears on our records.) Florida Limited Liability Company)
(<u>Name of the Limited</u>) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of th	ne limited liability company here:
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter the name of the nee e address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 Changing Registered Agent, Signature of New Registered

CU

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 Title Name **Address** Type of Action Michael Campbell 1304 N 4Lorn AVe DAdd

Pensacola, FL 32506 MRemove AMBR _□ Change Brad Willhite AMBR 1304 N Auth Ave DAdd Pensacola, FL 32506 Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change di Ald ☐ Remove

☐ Change

mending any other information, enter change(s) here: (Attach additional sheets,			
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date. If the date inserted in this block does not meet the applicable statutory filing requirement ument's effective date on the Department of State's records.		ng.) Purs	
record specifies a delayed effective date, but not an effective time, at 12 he 90th day after the record is filed.	!:01 a.m	n. on t	he earlier
ed February 21, 2016.			
Candice Machak		2016	
Signature of a member or authorized representative of a member Candice Machak Typed or printed name of signee	ETARY O	EB 25	
Typed or printed name of signee	OF STATE	0	O
	- ≅ >	50	

Filing Fee: \$25.00