# USaa04A471

| (Requestor's Name)                      |                    |      |  |  |  |  |  |
|-----------------------------------------|--------------------|------|--|--|--|--|--|
| (Address)                               |                    |      |  |  |  |  |  |
| (Address)                               |                    |      |  |  |  |  |  |
| (Cit                                    | ty/State/Zip/Phone | e #) |  |  |  |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL |  |  |  |  |  |
| (Business Entity Name)                  |                    |      |  |  |  |  |  |
| (Document Number)                       |                    |      |  |  |  |  |  |
| Certified Copies Certificates of Status |                    |      |  |  |  |  |  |
| Special Instructions to Filing Officer: |                    |      |  |  |  |  |  |
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Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 24, 2015

MARK WILLIAMS 2031 FOUNTAIN VIEW NAVVARE, FL 32566

SUBJECT: A MIRACLE CONSTRUCTION LLC

Ref. Number: L15000042471

We have received your document for A MIRACLE CONSTRUCTION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 415A00008421

# **COVER LETTER**

| SUBJECT: A Mirack Construction III  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:                                                                                                                                                                     |                                         |        |
| Mach Westerns                                                                                                                                                                                                                                 |                                         |        |
| Name of Person  Miracly Construction UC  Firm/Company                                                                                                                                                                                         |                                         |        |
| 2031 Fountain Veini                                                                                                                                                                                                                           | 70                                      |        |
| Navane H 32566                                                                                                                                                                                                                                | 15 MAY I                                | 71     |
| City/State and Zip Code  Mnack Yawhing Vahu (Charles to by used for future annual report notification)                                                                                                                                        | AM III:                                 | m      |
| For further information concerning this matter, please call:                                                                                                                                                                                  | ======================================= | "Handy |
| Mark Milliams at (850) 460 - 5049  Area Code Daytime Telephone Number                                                                                                                                                                         |                                         |        |
| Enclosed is a check for the following amount:                                                                                                                                                                                                 |                                         |        |
| \$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, Certified Copy (additional copy is enclosed) |                                         |        |

MAILING ADDRESS: 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

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY de 30 and assigned Florida document number L This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

Page 1 of 3

|                    | the Managers or Authorized Member or<br>Member being added or removed from o |             | ds, enter the title, name, and address of each Manager or |
|--------------------|------------------------------------------------------------------------------|-------------|-----------------------------------------------------------|
| MGR = M $AMBR = A$ | anager<br>uthorized Member                                                   | , .         |                                                           |
| <u>Title</u>       | <u>Name</u>                                                                  | Address     | Type of Action                                            |
| MCL                | ChristopheRN. NOR                                                            | ton.        | Foltwalton Beach 4604 Use a tyst - Add                    |
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| D. If ame | $\sim$              | ''                                                          | jore /          | - <b>.</b>      | hristo           |                  | if necessary.)  Norton  LUOU     |
|-----------|---------------------|-------------------------------------------------------------|-----------------|-----------------|------------------|------------------|----------------------------------|
| -<br>-    |                     |                                                             |                 |                 |                  | •                |                                  |
| (The effe | ective date must be | er than the da<br>specific, cannot b<br>filed by the Florid | e prior to date | of receipt or m | ed date and canñ |                  | <b>- Optional)</b> Od days after |
| Dated .   | April<br>N          | 1 an                                                        | <u>,</u> ,      | 2015<br>VI      | iams             |                  |                                  |
|           |                     | Mari                                                        | · K             | ember or autho  | KIAM             | tive of a member |                                  |

Page 3 of 3

Filing Fee: \$25.00

