## L15000110479

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
TFB 23 PM 3: I.6. AHA SEE TURNINA
Office Use Only



700294985197

02/24/17--01002--010 \*\*60.00

HILEURIARY OF STATE

**S Warren** FEB 2 4 2017

## **COVER LETTER**

Division of Corporations
SUBJECT: MECOMICK Marketing 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:
Steve H. Mc Cornicl Va. Name of Person
McCornill Marketing LCC Firm/Company
16352 S. E. B3 al Ave.
Summerfield DL 34491 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at ()  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Solutional Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)

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

The Articles of Organization for this Limited Liability Company were filed on 06/25/2015 Florida document number 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida 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 liabil company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agen

Page 1 of 3

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					
		<del></del>						
			Remove					
			☐ Change					
		· · · · · · · · · · · · · · · · · · ·						
			Remove					
			Change					
		· · ·	□ Remove					
			□ Change					
			Add					
			□ Remove					
		· ·	□ Change					
			□ Add					
			Remove					
	,		☐ Change					
<del></del>		<u> </u>	Add C					
			Remov					
			ORIDE Change					

•			- , , , , , , , , , , , , , , , , , , ,		—
	<u></u>		· ·		—
					<del></del>
			<del></del>		
					—
<del></del>					—
			•		
	· <u></u>	····		<u></u>	_
					_
ctive date, if other than	n the date of filing:		(or	otional)	
ective date, if other than effective date is listed, the date. If the date inserted in the	te must be specific and can his block does not meet	not be prior to date of fil the applicable statuto	ing or more than 90 days a ry filing requirements, t	fter filing.) Pursuant to this date will not be	605.02 listed
ument's effective date on t			**	nerim <sup>e</sup>	
ecord specifies a del	aved effective date	hut not an effe	tive time at 12:01	La macon the ea	rlies
ne 90th day after the	record is filed.	, but not an enec	, , ,	TARY	-
Fal 22		1017			1
ed reb dd	$\frac{1}{\sqrt{1}}, \frac{1}{\sqrt{2}}$	· · · · · · · · · · · · · · · · · · ·		DF STATE	
X	K. YNY	P			_
<u> </u>	Signature of a mem	ber or authorized repres	entative of a member		

Page 3 of 3

Subscribed and Sworn Before Me This Day 20 of Feb 20 17 Notary Public



