

L15000141400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

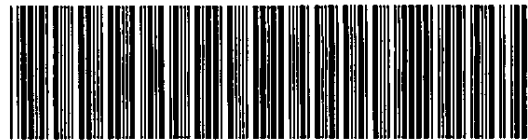
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2/4

Office Use Only



500294503555

01/23/17--01046--002 **60.00

2017 FEB -6 AM 9:32

2017 FEB -6 AM 9:32

2017 FEB -6 AM 9:32

M. MILLIGAN
FEB 08 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2017 FEB -6 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 25, 2017

KATHRYN C MCCLINTOCK
15215 GULF BLVD
MADEIRA BEACH, FL 33708

SUBJECT: MCCLINTOCK BUILDING LLC
Ref. Number: L15000141400

We have received your document for MCCLINTOCK BUILDING LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 317A00001562

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: mcclintock Building 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:

Kathryn C mcclintock
Name of Person

mcclintock Building LLC
Firm/Company

15215 Golf Blvd
Address

Madeira Beach, FL 33708
City/State and Zip Code

Kcmeeli@mac.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathryn C mcclintock at (727) 515-2566
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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**

McClintock Building LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2017 FEB -6 AM 9:32
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on April 03, 2016 and assigned Florida document number L15000141400.

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 "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 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 _____
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 Agent

It 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>	<u>Type of Action</u>
AMBR	Kathryn mcclintock	15215 Gulf Blvd	<input type="checkbox"/> Add
		Madeira Beach, FL	<input checked="" type="checkbox"/> Remove
		33703	<input type="checkbox"/> Change
AMBR	"Revocable Living Trust of Kathryn mcclintock Dated October 09, 2015"	15215 Gulf Blvd	<input checked="" type="checkbox"/> Add
		Madeira Beach, FL	<input type="checkbox"/> Remove
		33708	<input type="checkbox"/> Change
AMBR	Sara mcclintock	15215 Gulf Blvd	<input checked="" type="checkbox"/> Add
		Madeira Beach, FL	<input type="checkbox"/> Remove
		33708	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Original zipcode was entered incorrectly. Please change all zipcodes from 33703 that are entered to the correct zipcode — 33708.

Thank you.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated February 2, 2017.

Kathryn C. McEntock, president
Signature of a member or authorized representative of a member

Kathryn C. McEntock, president
Typed or printed name of signee