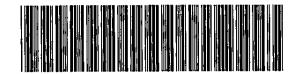
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER :

TO: Registration Section Division of Corporations
SUBJECT: McNally Realty LC 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:
Eugene J. Mcwally,
Mchally Realty Luc.
PO. Box 818
Windermere, FL 34786
City/State and Zip Code LAINE MCNally Builds. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Wendy Mc Wally at (407) 832-4302 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(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

Men	ally Realty LLC	
(Name of the Limited (A	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liab Florida document number	· · · · · · · · · · · · · · · · · · ·	and assigned
This amendment is submitted to amend the follow	ìng:	
A. If amending name, enter the new name of the MC Vally R The new name must be distinguishable and contain the word	eal Estate Group 1	
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or		s, enter the name of the nev
registered agent and/or the new registered offic	e address here:	P. F
-		E N
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		2.4
	Enter Florida street addres	i s
		orida
	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

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
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ective 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.	g or more than 90 days	optional) after filing.) Pursu	ant to 605
e: If the date inserted in this block does not meet the applicable statutor	y filing requirements	, this date will n	ot be list
ument's effective date on the Department of State's records.			
record specifies a delayed effective date, but not an effective 90th day after the record is filed.	tive time, at 12:0)1 a.m. on th	ie earli
le soch day after the record is med.			
2/28 ~~			
$ed \times 0$, do .			
Signature of a member or authorized represe	entative of a member	··	

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