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2017 MAILLA ID 201 SECRETARY OF STATE MILLAHASSIE FLORIDA.

S WarrenJAN 1 2 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MCNally REAL ESTATE Group 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:
Eugene J. McLally JR Name of Person
Eugene J. McLXIII, JR Name of Person McLicity REAL ESTATE 9.009, LICE Firm/Company
TO Box 818 Address
Windernere FC 34786 City/State and Zip Code
City/State and Zip Code City/State and Zip Code E-muil address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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 266) Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

McNally REAL	SSTATE	Groce	LLC				
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it new appea ated Liability Company)	ars on our records.	.}				
ne Articles of Organization for this Limited Liability Comporida document number _ \ \ \ \ \ \ \ \ \ \ \ \ \ \	•	9-29)5		and assig	ned		
is amendment is submitted to amend the following:							
If amending name, enter the new name of the limited	liability company l	iere:					
e new name must be distinguishable and contain the words "Limited I	REALTY	LLC					
e new name must be distinguishable and contain the words "Limited I	Liability Company," the	designation "LLC"	or the abbrevi	ation "L.J)	C."		
nter new principal offices address, if applicable:							
rincipal office address MUST BE A STREET ADDRESS	2)						
	***		32.0	22			
nter new mailing address, if applicable:			ECRI 1803	====	77		
lailing address MAY BE A POST OFFICE BOX)			75 Z	221	Same.		
			27	****	m		
			, F. S	\triangleright			
If amending the registered agent and/or registere gistered agent and/or the new registered office address	d office address o	n our records,	ente tu	name of	the ne		
gistered agent and/or the new registered office address	uere.		ADD A	=			
Name of New Registered Agent:							
New Registered Office Address:	., .						
	Enter Florida street address						
	Cite	, Flo	rida	ip Code			
	V ***		٠,	*** ** * ***			

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 = Manager AMBR = Authorized Member <u>Title</u> Address Name **Type of Action** 10256 Mailard Landings MAW KEVIN ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove □ Change _□ Add ☐ Remove □ Change Remove Remove

☐ Change

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Effective date if	other than the date listed, the date must be sp nserted in this block do we date on the Departn	secific and cannot be pri oes not meet the app.	ior to date of filing or n licable statutory filit	nore than 90 days after	er filing.) Purs	suant to 605,020 not be listed as
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Filing Fee: \$25.00