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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUPPOR MADDEN MILLIORKS LLC
SUBJECT: MADDEN MILLWORKS 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:
JOSEPH PAUL MADDEN Name of Person
Name of Person
MADOFN M. NWORKS LLC Firm/Company
1650 MARGARET ST. # 116
Address
JACKSONUILE FL 3Z204 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{\$\Bigcup \text{\$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

MADDEN Name of the Limit	MILLWORKS Ed Liability Company as it now (A Florida Limited Liability Com	appears on our records.)		
The Articles of Organization for this Limited Li Florida document number <u>L 1500019405.2</u>		on11 19 2015	and assigne	:d
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability comp	any here:		
The new name must be distinguishable and contain the w Enter new principal offices address, if applications		," the designation "LLC" or the	abbreviation "L.L.C.	19
Enter new principal offices address, it applies (Principal office address MUST BE A STREE			ಪ	38 38
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		FE8 23 PM 7 49	FILED STATE, AHASSEE FLORIDA
B. If amending the registered agent and/ registered agent and/or the new registered of	_	ess on our records, <u>ente</u>	er the name of t	the new
Name of New Registered Agent:	JOSEPH T	MADDEN		
New Registered Office Address:	2109 EDIS	ON AVE uter Florida street address	No. of the Control of	
	JACKSONU! LE	, Florida _	32204 Zip Code	
	Cwy		24 00	

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		
Title	Name	Address	Type of Action
MGR	MATTHEW MADDEN	1650 MARGARETST 116	i Add
		LACKSONVILLE FT 32204	🗆 Remove
	,		Change
			Add
			☐ Remove
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e date, if other tha	n the date of filing	•		(optional)	i
ctive date is listed, the date inserted in the	te must be specific and	cannot be prior to date	of filing or more th	an 90 days after filing	.) Pursuant to 605
nt's effective date on t	the Department of St	ate's records.	natory ming req	uncinents, tins date	will not be list
ord specifies a del 90th day after the	ayed effective da record is filed.	ate, but not an e	ffective time	, at 12:01 a.m.	on the earli
02 20		2018			
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Filing Fee: \$25.00