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COVER LETTER

TO:	Registration So Division of Co					
SUBJEC	S.L. MACI	BRADIGH HOLDING LLC				
CONTRACTOR		Name of Lin	nited Liability Company			
		Amendment and fee(s) are sub	ŭ			
		HEIDI S. WEBB	-			
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	್ದ ಕೆ					
			Address		FB T	
	DAYTONA BEACH FL					
		heidisuewebb@yahoo.com	City/State and Zip Code		TEXAL PR	
		E-mail address: (to be used for future annual r	eport notification)		
For furth	er information c	oncerning this matter, please ca	all:		り に に に に に に に に に に に に に	
Heidi W	ebb		386 257	-3332		
	Name o	f Person	Area Code	Daytime Teleph	one Number	
Enclosed	l is a check for th	he following amount:				
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		3 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	MAIL	ING ADDRESS:	STREET	/COURIER AD	DRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S. L. MACBRADIGH HOLDING LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 28, 2016 and assigned Florida document number L16000019748 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: S. L. MACBRADAIGH HOLDING LLC 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida j

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

,	ed Member		
	Name	Address	Type of Action
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(If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prior to dat a does not meet the applicable s	e of filing or more than 90 days a	fter filing.) Pursuant to 605.0207 (3)
the record specifies a delayed e) The 90th day after the record	ffective date, but not an dis filed.	effective time, at 12:0	1 a.m. on the earlier of:
Dated	2016		
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Sig	gnature of a member or authorized	representative of a member	
HEIDI S. WEBB, FL BAR	No. 73958	•	
	Typed or printed nan	ne of signee	<u> </u>

Page 3 of 3

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