L16000040961

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC	M & W Cu	stom Homes, LLC		
SOBJEC		Name of Lim	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Charli McNeal		
			Name of Person	
		M & W Custom Homes, I	LC	
			Firm/Company	
		420 N. Boundary Avenue		
			Address	
		Deland, FL 32720		
			City/State and Zip Code	
		charli.mwch@gmail.com		
For furth	er information c	i:-mail address: (to be used for future annual report notificational:	on)
Charli M	1cNeal		386 740-1561	28
	Name o	f Person	Area Code Daytime Tel	ephone Numbers
Enclosed	l is a check for th	ne following amount:		NAY D
\$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certificat Copy (additional copy is Inclosed)

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**

M & W Custom Homes, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our record Liability Company)	<u>ds.</u>)
he Articles of Organization for this Limited Liability Compan lorida document number L16000040961.	y were filed on February 26,201	6 and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
ne new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LL	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	420 N. Boundary Avenue	
Principal office address MUST BE A STREET ADDRESS)	Deland, FL 32720	70 20 E
		
nter new mailing address, if applicable:	420 N. Boundary Avenue	SSE q
Mailing address MAY BE A POST OFFICE BOX)	Deland, FL 32720	
		ORA W
		>' of
 If amending the registered agent and/or registered egistered agent and/or the new registered office address he 		is, enter the name of the
		is, enter the name of the
egistered agent and/or the new registered office address he	<u>ere</u> :	
egistered agent and/or the new registered office address he Name of New Registered Agent:	Enter Florida street addre	

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>	<u>Name</u>	Address	Type of Action
MGR	Ronald E. Wilson	4867 Palm Coast Pkwy NW #5	
		Palm Coast, FL 32137	Remove
			☐ Change
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record specifies a delayed effective date, but not an effective time, at 12:01 The 90th day after the record is filed.	a.m. c	on the	earlier o
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Page 3 of 3

Filing Fee: \$25.00