116000057210

| (Req | uestor's Name) | |
|---------------------------|------------------|-------------|
| (Add | lress) - | |
| (Add | lress) | |
| (City | /State/Zip/Phone | ∍ #) |
| PICK-UP | WAIT | MAIL |
| (Bus | iness Entity Nar | ne) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | filing Officer: | |
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Office Use Only



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THE BUTTER

COVER LETTER

| TO: Registration Se Division of Co | | | | |
|---------------------------------------|--|---|--|--|
| MCM Gro | up, LLC | | | |
| SUBJEC1; | Name of Lim | ited Liability Company | ······· | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | Jason Moses | | | |
| | | Name of Person | | |
| | MCM Group, LLC | | | |
| | | Firm/Company | ··· | |
| | 166 SW 134th Terrace | | | |
| | ***** | Address | | |
| | Newberry, FL 32669 | | | |
| | | City/State and Zip Code | | |
| | pam@proactivecpas.com | | | |
| | E-mail address: (| to be used for future annual report notifi | cation) | |
| For further information of | concerning this matter, please c | all: | | |
| Pam Burns | | 352 333-7880 | 2016 SEC TALL | y- |
| Name o | of Person | | Telephone Number HAR 29 | TILED |
| Enclosed is a check for t | he following amount: | | T → T → | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Gopy (additional copy is enclosed) | <u>, </u> |

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

| MCM Group, LLC | | |
|---|---|--------------------------------|
| (<u>Name of the Limited Liability Con</u> (A Florida Limit | npany as it now appears on our records ed Liability Company) | <u>s.</u>) |
| The Articles of Organization for this Limited Liability Compa | iny were filed on 3/21/2016 | and assigned |
| Florida document number L16000057210 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | ability company here: | |
| The new name must be distinguishable and contain the words "Limited Li | ability 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 registered agent and/or the new registered office address h | | s, enter the name of the ne |
| | | ASE 216 |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | ARA I |
| | Enter Florida street address | SER S |
| | | orida 📉 💆 |
| Navy Designatured Agent's Signature of sharping Designature | City | Zip Co de |
| New Registered Agent's Signature, if changing Registered Age | | 一 |

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> | <u>Address</u> | Type of Action |
|--------------|----------------|---------------------------------------|--|
| MGR | Jennifer Moses | 166 SW 134 Terrace | = Add |
| | | Newberry, FL 32669 | Remove |
| | | | Change |
| MGR | Jennifer Mason | 166 SW 134 Terrace | Add |
| | | Newberry, FL 32669 | ■ Remove |
| | | | Change |
| | | | Add |
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| | | | ☐ Change |
| | | | □ Add |
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| | | | □ Change |

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Page 3 of 3

Filing Fee: \$25.00