L160000 70596

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.





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COVER LETTER

	Registration Sec Division of Corp						
cu n ic z		ractor Service, LLC					
SUBJEC		Name of Limi	ted Liability Company				
		mendment and fee(s) are subr					
		Macklin R. Simmons, Jr					
			Name of Person				
		Macks Tractor Service, LL	С				
			Firm/Company				
11130 Mtn Mockingbird Road							
			Address				
		Weeki Wachee, FL 34614					
		kimack78@cs.com	City/State and Zip Code				
		cation)					
For furth	ner information co	ncerning this matter, please ca					
Macklin	R. Simmons, Jr		727 207-1691				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclose	d is a check for th	e following amount:					
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

TO:

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

Macks Tractor Service, LLC	ar on our records)	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	ars on our records.)	
he Articles of Organization for this Limited Liability Company were filed on orida document number	April 6, 2016	and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability company b	<u>nere</u> :	
e new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the ab	breviation "L.L.C."
nter new principal offices address, if applicable:		28
Principal office address MUST BE A STREET ADDRESS)	<u>. </u>	0
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nter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	rò
Mailing address MAY BE A POST OFFICE BOX)		· .
. If amending the registered agent and/or registered office address ogistered agent and/or the new registered office address here:	on our records, <u>enter</u>	the name of th
Name of New Registered Agent:		
New Registered Office Address:	 	
Enter FI	orida street address	
	, Florida	7:- C. I.
City		Zip Code

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Kimmy L.Simmons	11130 Mtn Mockngbird Road	
		Weeki Wachce, FL 34614	■ Remove
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ctive date, if other than the effective date is listed, the date m	e date of filing:	ennot be prior to d	ate of filing or mor	than 90 days	p tional) after filing.)	Pursua	ent to 60	5.020
e: If the date inserted in this !	olock does not me	et the applicable	statutory filing	requirements	this date v	vill no	t be list	ted a
ument's effective date on the	Department of Sta	ite's records.						
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record specifies a delaye	ed effective da	te, but not a	n effective tir	ne, at 12:0)1 a.m. c	n the	e ean	ier (
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ne 90th day after the re	Ma L. J. Signature of a m		od representative o	f a member		.•	2017 oct 2	÷-
ne 90th day after the re	Signature of a me		od representative o	f a member	. =		2017 001 23	

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Filing Fee: \$25.00