

44000077965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

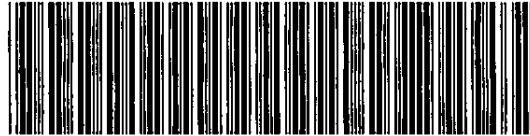
(Business Entity Name)

(Document Number)

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16 MAY 12 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 16 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAC Preservation 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:

John P. McAninley
Name of Person

MAC Preservation LLC
Firm/Company

6825 Avenida De Galvez
Address

Nauvare, FL 32566
City/State and Zip Code

mac.preservation@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John P. McAninley at (888) 200-3302
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

MAC Preservation, 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 April 20, 2016 and assigned Florida document number L16000077965

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

6825 Avenida De Galvez
Navarre, FL 32566

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6825 Avenida De Galvez
Navarre, FL 32566

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:

John P. McAninley

New Registered Office Address:

6825 Avenida De Galvez

Enter Florida street address

Navarre

City

Florida

32566

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

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MAY 12 PM 3:50
CLERK OF
HARRIS CO.
STATE
OF TEXAS

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> | <u>Type of Action</u> |
|--------------|--------------------|-------------------------|--|
| MGR | John P. McAninley | 6825 Avenida De Galvez | <input checked="" type="checkbox"/> Add |
| | | Navarre, FL 32566 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | James J. McAninley | 5540 Escapardo Way | <input type="checkbox"/> Add |
| | | Colo. Springs, CO 80917 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| AMBR | David A. McAninley | 8619 Crooked Tree Drive | <input type="checkbox"/> Add |
| | | Jacksonville, FL 32256 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 12 PM 2:56
61160

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

May 9, 2016

Signature of a member or authorized representative of a member

John P. McAninley

Typed or printed name of signee

16 MAY 12 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA