

L16000 113827

(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:

Office Use Only



300287082433

06/21/16--01036--001 \*\*25.00

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
16 JUN 21 PM 2:17

JUN 22 2016  
S. YOUNG

**BRUNINI**  
ATTORNEYS AT LAW

Anna Kathryn Land  
E-mail: [aland@brunini.com](mailto:aland@brunini.com)  
Direct: 601.973.8734

The Pinnacle Building, Suite 100  
190 East Capitol Street  
Jackson, Mississippi 39201  
Telephone 601.948.3101

Post Office Drawer 119  
Jackson, Mississippi 39205  
Facsimile 601.960.6902

June 20, 2016

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

*Via Federal Express*

RE: McClain SDI, LLC

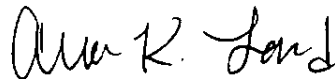
Dear Sir or Madam:

Enclosed for filing are Articles of Amendment to Articles of Organization of McClain SDI, LLC, along with a check in the amount of \$25.00 to cover the filing fee.

Should you have any questions or concerns, please feel free to contact me at (601) 973-8734. Thank you for your assistance in this matter.

Sincerely,

Brunini, Grantham, Grower & Hewes, PLLC



Anna Kathryn Land  
Paralegal

AKL/  
Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** McClain SDI, 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:

Alan Hill  
Name of Person  
MVP Sonic Group  
Firm/Company  
18275 102nd Way South  
Address  
Boca Raton, FL 33498  
City/State and Zip Code  
Alan.Hill@sonicpartnernet.com  
E-mail address: (to be used for future annual report notification)

16 JUN 21 PM 2: 17  
TALLAHASSEE  
DIVISION OF CORPORATIONS  
REGISTRATION SECTION

For further information concerning this matter, please call:

Alan Hill at ( 561 ) 601-9144  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:**  
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**

McClain SDI, 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 June 13, 2016 and assigned Florida document number L16000113827.

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)**

McClain, McClain McClain, Inc.

425 Christine Drive

Ridgeland, MS 39157

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

McClain, McClain McClain, Inc.

425 Christine Drive

Ridgeland, MS 39157

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
13 JUN 21 PM 2:17

**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*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
*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>	<u>Type of Action</u>
MGR	McClain, McClain McClain, Inc.	425 Christine Drive Ridgeland, MS 39157	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	McClain, McClain McClain, Inc.		<input type="checkbox"/> Add
		425 Christine Drive Ridgeland, MS 39157	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sonic Restaurants, Inc.		<input type="checkbox"/> Add
		300 Johnny Bench Drive Oklahoma City, OK 73104	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

RECEIVED  
 16 JUN 21 PM 2:17  
 CLERK

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

Multiple horizontal lines for amending information.

16 JUN 21 PM 2:17  
RECEIVED  
STATE SECRETARY  
OFFICE

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 June 20, 2016

Ronald G McClain

Signature of a member or authorized representative of a member

Ronald G. McClain, President

Typed or printed name of signee