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SECRETARY OF STATE

S. WARREN SEP 1 3 2017

COVER LETTER

TO:

Registration Section
Division of Corporations

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

enclosed Articles of Amendment and fee(s) are submitted for filing.	
e return all correspondence concerning this matter to the following:	
Marina L. Alley Name of Person Malley Enterprises, LLC Firm/Company 4149 Stacey RD W Address Jacksonville Ft 32250 City/State and Zip Code MDCA A- HIYLD Consort of the Address	
E-mail address: (to be used for future annual report notification)	
urther information concerning this matter, please call:	
Name of Person at (904), 233-3509 Area Code Daytime Telephone Number	
osed is a check for the following amount: \$25.00 Filing Fee	
MAILING ADDRESS: STREET/COURIER ADDRESS:	

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Malley Enterpri	Se. S. LLC y Company as it now appears on our records.)
	ompany were filed on August 19, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	amend the following: ne new name of the limited liability company here: and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." dress, if applicable: TBE A STREET ADDRESS) applicable: OST OFFICE BOX) red agent and/or registered office address on our records, enter the name of the new
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address and/or the new registered office address.	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida City Zin Code
	City Zip Code
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and tent as provided for in Chapter 605, F.S. Or, If this document is d office address, I hereby confirm that the limited liability

Page 1 of 3

H Changing Registered Agent, Signature of New Register

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> Name **Address Type of Action** MGR Almee Aline Doyle 4460 Rocky River Rd W. MAdd Jacksonville, FL 32224 ☐ Remove Change MGR Jonathan Thomas Doyle 4460 Rocky River Rd. W. MAdd Jacksonville, FL 32224 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □.Add. □ Remove □ Change _□ Add □ Remove ☐ Change

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ective n effecti	date, it other that ve date is listed, the da	i n the date of fil ate must be specific	and cannot be prior to	date of filing or more the	optional (optional) han 90 days after filing) g.) Pursuant to 605.0207
				ole statutory filing red		e will not be listed as
				an effective time	e, at 12:01 a.m.	on the earlier of
116 90	Oth day after the	e record is me	u.			
	Sept 6	4	_, 2017	_•		
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ted		Signature o	a member or author	zed representative of a	тетьет	三量 8
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ted		_	f a member or authority for L- Typed or printed		member	
ted		_		Alley name of signee)	member	

Filing Fee: \$25.00