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DIVISION OF CONFORMATIONS

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	MCRIL	EY'S	
SUBJECT:	Name of Limi	ted Liability Company	.
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Lavi	d McG-ath	
	11 0	Name of Person	
	////	Ilt/5 LLC	
	212 046	Firm/Company	
	<u> </u>	Address	
	Atlantic Bea	ich, FL 322	33
	Davemcarall E-mail andress: (1	City/State and Zip Code 416 4mail, Com to be used for future annual report notifies	ation)
For further information	concerning this matter, please ca	ıll:	,
David	McGrath	at 904 709	-8142
Name	of Person	Area Code Daytime T	elephone 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

MCRILEY 5 (Name of the Limited Liability Company)	os it now appears on our records.)
(A Florida Limited Liab	ility Company)
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y 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:	<u>D</u> = 1
(Principal office address MUST BE A STREET ADDRESS)	
-	
Fatou nove and the address of annihable.	9 PH 2:
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	0x 5
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	imei Fiorua sireei aaaress
	City Zin 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 = Aut	thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	David W McGrath	Address 360 8th 5T Attantic Beach, FC 32333	Add
		Attentic Brack, FC 3233	Remove
			Change
AMBR	Mark R Acosta	200 17th Ave. N.	🗆 Add
	•	Jacksonville Beach, FC 3250	□ Remove
			Change
			Add 16 See 29 and 2 de 6
			Remove T
			Change T
			94.6
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an effective date is listed, the da ote: If the date inserted in t	ite must be specific a	nd cannot be pr	or to date of fil	ling or more than	90 days after filir	g.) Pursuant to 6	505.020 isted a
ocument's effective date on	the Department of	State's recor	is.	ny mmg roquir	omenia, ina da	e will hot be h	13104 4
e record specifies a del The 90th day after the			not an effec	ctive time, a	t 12:01 a.m	, on the ear	rlier o
ated September	· 26th		6				
		7) 3	17				
	Signature of	a member of au	Westized repres	sentative of a mer	nher		

Page 3 of 3

Filing Fee: \$25.00