L16000174160

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COVER LETTER

Division of Corpor	ations		
SUBJECT: MCK	Same of Limite	ICW, LLC	
	Name of Diame	c (Michily Complet)	
The enclosed Articles of Am	endment and fee(s) are submi	itted for filling.	
Please return all corresponde	nce concerning this matter to	the following:	
	MARCUS	O. PSEUVETT Name of Person	
	MCR Cous	TRUCTED, LLC Firm/Company	
	323	W. 2TH AIE	<u> </u>
	TALLAHI	ASSEE FL. S City/State and Zip Code	303
	MARKO	MCB - LL C. NE be used for future annual report no	
•	E-mail address: (to	be used for future annual report no	unication)
For further information con	cerning this matter, please cal	II:	
MARCUS C.	BENNETT	at (80) 543	5-5637
Name of P	erson	Area Code Dayti	me 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

Registration Section

TO:

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

MCB CONSTRU	MITON, LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L 1660174160</u> .	were filed on $\frac{9/(9)/(e)}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "LEC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	-NA E
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	1)/A
New Registered Office Address:	Enter Florida street address
	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

Type of Action <u>Address</u> Title. Name 7502 BENVER FORD RD. DAdd SUIT JUSTIC SMALLRIDGE TALLAHASSEF, FL. 323/2 ☐ Remove _□ ∧dd _□ Remove 말 □ Chánge _□ Add 🕏 ☐ Remove: _□ Change 🕏 □ Remove _□ Change □ Add ☐ Remove

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it un effec Note: I	ve date, if other the etive date is listed, the If the date inserted in ent's effective date of	date must be specific in this block does in	ing: and cannot be prior to ot meet the applicable	date of filing or more the e statutory filing rec	(optional) nan 90 days after filing, purements, this date	.) Pursuant to 605.0207 (3)(b) will not be listed as the
	ord specifies a c 90th day after t			an effective time	e, at 12:01 a.m.	on the earlier of:
Dated _	10/4	M	, <u>2017</u>	 Z M	L -	
		/ //x C/() Signature	of a member or authori	zed representative of a	member	
		22	4	^		

Page 3 of 3

Filing Fee: \$25.00