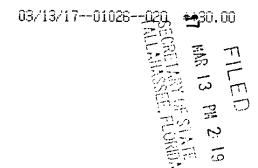
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(Re	questor's Name)	
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D. SCOTT MAR 1 4 2017

COVER LETTER

	gistration Se vision of Cor					
SUBJECT:		Holdings, LLC.				
		Name of Lim	nited Liability Company	A Solution Number Solution So		
		Amendment and fee(s) are sub	Ť			
		Brent McAuliffe				
			Name of Person			
		McAuliffe Holdings, LLC				
		the selection of the se	Firm/Company			
		600 SW 101st Avenue				
			- · · ·			
		Plantation, FL 33324			455	
		brent.mcauliffe@gmail.com	City/State and Zip Code		ALCON MA	TI -
		-	to be used for future annual rep	port notification)	— <u>家</u>	
For further in	nformation co	oncerning this matter, please ca	all:		Fig. 2	
Kelly Brand	lenburg			3024	5, 79	
	Name of	Person	at () Area Code	Daytime Telephone	e Number	1
Enclosed is a	a check for the	e following amount:				
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) (Certificate of Status & Certified Copy	

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

McAuliffe Holdings, LLC.		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our i mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Con	npany were filed on 1/3/2017	and assigned
Florida document number L17000001929		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	d liability company here:	
The new name must be distinguishable and contain the words "Limited	I 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 ADDRES	<u> </u>	
		_
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	****	
		1020 0
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red omice address on our re as here:	
		2.19
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street d	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>	Address	Type of Action
MGR	Brent McAuliffe	600 SW 101st Avenue	■ Add
		Plantation, FL 33324	□ Remove
			☐ Change
AMBR	Kelly Brandenburg	600 SW 101st Avenue	□ Add
		Plantation, FL 33324	□ Remove
			■ Change
	was Address TV		Add
			Retrieve T
			Change T
			Remove
			☐ Change
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			Remove
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Page 3 of 3

Filing Fee: \$25.00