

L17000013984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

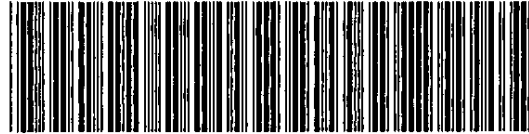
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 14 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOWNING HOME SERVICES L.L.C.
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:

JIM MACDONALD
Name of Person

Firm/Company

2510 15TH ST. SW
Address

VERO BEACH, FL 32962
City/State and Zip Code

JIMACDONALD87@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JIM MACDONALD at (772) 360-5272
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

DOWNING HOME SERVICES L.L.C.

(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 01/18/2017 and assigned Florida document number L170000013984.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MAC'S HOME SOLUTIONS L.L.C.

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)

2510 15TH ST. SW

VERO BEACH, FL

32962-6017

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2510 15TH ST. SW

VERO BEACH, FL

32962-6017

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:

JIM MACDONALD

New Registered Office Address:

2510 15TH ST. SW

Enter Florida street address

VERO BEACH

City

Florida 32962-6017

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.

Jim MacDonald
If Changing Registered Agent, Signature of New Registered Agent

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TREASURY OF FLORIDA

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

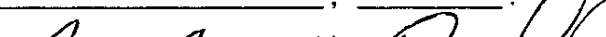
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DOWNING, JESSE J	697 ATLANTUS TER	<input type="checkbox"/> Add
		SEBASTIAN, FL	<input checked="" type="checkbox"/> Remove
		32968	<input type="checkbox"/> Change
MGR	MACDONALD, JIM	2510 15 TH ST. SW	<input checked="" type="checkbox"/> Add
		VERO BEACH, FL	<input type="checkbox"/> Remove
		32962	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

(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.

Dated _____, _____.



Signature of a member or authorized representative of a member

Jim MacDonald

Typed or printed name of signee

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TALLAHASSEE FLORIDA