Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AGINCOURT INDUSTRIES LLC

Account Number : 120170000015

Phone : (964)252-4683 COC-Fax Number : (651)265-3109

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MSBC SOUTH CAROLINA, LLC

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Certificate of Status	0
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Page Count	03
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MSBC South Carolina, LLC			
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)		
The Articles of Organization for this Limited Liability C Florida document number L17000037555	Company were filed on 2/16/2017 and	l assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:	17	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviano		
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDI	RESS)	- 5 n	
) = C	
	i c	3: -:-	
Enter new mailing address, if applicable:		5 FH W	
(Mailing address MAY BE A POST OFFICE BOX)		- 01	
B. If amending the registered agent and/or registered agent and/or the new registered office adented agent. Name of New Registered Agent:	istered office address on our records, <u>enter the na</u> dress <u>here</u> :	me of the nev	
New Registered Office Address:	Enter Florida street address		
	Florida		
	City Zip C	Tode	
New Registered Agent's Signature, if changing Registers	ed Agent:		
provisions of all statutes relative to the proper and accept the obligations of my position as registered of	t and agree to act in this capacity. I further agree to complete performance of my duties, and I am familia agent as provided for in Chapter 605, F.S. Or, if this red office address, I hereby confirm that the limited lie.	r with and document is	
	If Changing Registered Agent, Signature of New Registered	Agent	

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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

Title	Name	Address	Type of Action
MGR	Scott Moore Management, Inc.	25 North Market Street	□ Add
		Jacksonville, Florida	≅ Remove
			Change
MGR	Agincourt Industries, LLC	25 North Market Street	= Add
		Jacksonville, Florida	☐ Remove
			☐ Change
		<u> </u>	
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	must be specific and cannot be pricable the applicable does not meet the appli	or to date of filing or more that leable statutory filing requi	(optional) 190 days after filing.) Pur trements, this date will	suant to 605 0207 (3)th not be listed as the
the record specifies a delay The 90th day after the r	red effective date, but n ecord is filed.	ot an effective time,	at 12:01 a.m. on	the earlier of:
October 9 Dated	2017			
Dated	DAR VI	m/		\$\$AAAMANAA
	Significe of a member for glat			
Scott Moere, as Man	ager of Agincourt Industries,	LLC (Sale Member of Ent	ity)	

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Filing Fee: \$25.00

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