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10.	Division of Co	rnorations			, et . **
	Fax Number	: (850)617-6383	- m	7	1
From:				ဇာ	
	Account Name	: AGINCOURT INDUSTRIES LLC		-	
	Account Number	120170000015	7		
	Phone	: (904)352-4085 904-554-	7344	[	
	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.\*\*

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

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

J. HARRIS

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#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MSBC North Carolina, LLC				
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company were filed on $\frac{2^j}{2^j}$ Florida document number $\frac{1.17000037565}{2^j}$ .	(16-2017	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company h	<u>nere</u> :			
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbrevia	ation "L.L.C."		
Enter new principal offices address, if applicable:	i i	28		
(Principal office address MUST BE A STREET ADDRESS)	-	-1	ر دست از نست	
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Enter new malling address, if applicable:	•		·	
(Mailing address MAY BE A POST OFFICE BOX)		3.		
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B. If amending the registered agent and/or registered office address a registered agent and/or the new registered office address here:	n our records, enter the	name of th	е печ	
Name of New Registered Agent:				
New Registered Office Address:				
Enter Flo	onda street address			
	, Florida			
Cuy .	Z	ip 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 hability company has been notified in writing of this change.

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

<u>Title</u>	Name	Address	Type of Action
MGR	Scott Moore Management, Inc.	25 North Market Street	
		Jacksonville, Florida	■ Remove
			□ Change
MGR	Agincourt Industries, LLC	25 North Market Street	■ Add
		Jacksonville, Flonda	☐ Remove
		<del></del>	☐ Change
			Add
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# H17000266773 3 D. If smending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 10/1/2017 (optional) E. Effective date, if other than the date of filing: (it an effective dute is listed, the date must be specific and cuntot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3xb) Note: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. 2017 October 9 Dated\_ Scott Moore, as Manager of Agincourt Industries, LLC (Sole Member of Entity) Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00

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