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(Address)	60030
(City/State/Zip/Phone #)	
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COVER LETTER

TO: Registration Se Division of Co			
	. K MCCANTS JR, LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MICHAEL MCCANTS J	₹	
		Name of Person	
	MICHAEL K MCCANTS	JR, LLC	
		Firm/Company	
	506 Hollis Ave		
		Address	
	Panama City, Florida 3240)1	
		City/State and Zip Code	
	bubbamccants@gmail.com	to be used for future annual report notif	ication)
For further information of	concerning this matter, please co		,
MICHAEL K MCCAN	TS JR	850 624-8433	
Name (of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 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

MICHAEL K MCCANTS JR, LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on May 31, 2017	_ and assigned		
Florida document number L17000118772				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
N/A				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbre	viation "L.L.C."		
Enter new principal offices address, if applicable:	506 Hollis Ave			
Principal office address MUST BE A STREET ADDRESS)	Panama City. Florida			
	32401			
Enter new mailing address, if applicable:	506 Hollis Ave			
Mailing address MAY BE A POST OFFICE BOX)	Panama City, Florida			
	32401			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:		emame of the		
New Registered Office Address:	سر سا	Q ≩ //		
To The State of the Control of the C	Enter Florida street address OR	3 7: 5		
	, Florida	Zip Code		
	7211#	East Cather		

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>	<u>Address</u>	Type of Action
AMBR	Michael K McCants Jr.	506 Hollis Ave	Add
		Panama City, Florida	□ Remove
		32401	5 0
			Add
			Remove
			Change
			□ Add
			☐ Remove
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ective date, if other than the da effective date is listed, the date must be te: If the date inserted in this block ument's effective date on the Depa	specific and cannot be prodoes not meet the app	or to date of filing or m icable statutory filin	ore than 90 days after g requirements, this	filine) Pursuant to 605 07
record specifies a delayed e he 90th day after the record		not an effective t	ime, at 12:01 a	.m. on the earlier
ed September 27	. 2017			

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Filing Fee: \$25.00