## 117000140189

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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|   |

Office Use Only



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~ CHAMONS AUG 1 8 2017

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: McKenzie Construction Enterprises LUC 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:  |
| Greg McKenzie Name of Person   |
| McKenzie Construction Enterprises LLC Firme Company  |
| 20504 Spires Avenue  |
| P.C. Beach, FL 32413 City/State and Zip Code   |
| SVINSON 63 @ amail. Com E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Greg McKenzie at (850) 814 - 6920 Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:  |
| \$25.00 Filing Fee \$\Bigsquare \text{\$\$30.00 Filing Fee & \$\Bigsquare \text{\$\$55.00 Filing Fee & \$\Bigsquare \text{\$\$Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed) |
| MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section   |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| McKenzie Construction Enterpises LLC (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 onand assigned  |   |
| Porida document number <u>L17000140189</u> .   |   |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the limited liability company here:  he new name must be distinguishable and contain the words "Limited Liability Company," the designation "ELC" or the abbreviation "L.F."  Enter new principal offices address, if applicable: |   |
| he new name must be distinguishable and contain the words "Limited Liability Company," the designation "ELC" or the abbreviation "E.C."  | • |
| Enter new principal offices address, if applicable:  | 1 |
| Principal office address MUST BE A STREET ADDRESS)   | フ |
| Principal office address MUST BE A STREET ADDRESS)   |   |
| Enter new mailing address, if applicable:  |   |
| Mailing address MAY BE A POST OFFICE BON;  3. 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:  |   |
| New Registered Office Address:  Enter Florida street address   |   |
|  |   |
|  |   |

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 Type of Action <u>Title</u> Address Name: Douglas Williams 8724 Dorothy Farris Rd Madd
Scuthport, FL 32409 | Remo MGR ☐ Change  $\square$  Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add \_□ Remove

□ Change

| ffective date, if other than the date of filing:   |                            |   |            |
|--|----------------------------|---|------------|
| Iffective date, if other than the date of filing:  | _                          |   |            |
| Ifective date, if other than the date of filing:  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 offer. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as becument's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.  Signature of a member or authorized representative of a member.  |                            |   |            |
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Filing Fee: \$25.00