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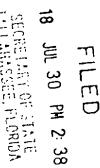
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: McKenzie Construction Enterprises LLC 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	عد
205010 Spires Avenue	
Panama City Beach, FL 32413 City/Star and Zip Code	
SVINSON LOS GMAIL, COM  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Greg McKenzie at (850) 348-3624  Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Scrifficate of Status   S55.00 Filing Fee & Certificate of Status   Certificate of S	
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

McKenzie Construction Enterprises 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 Liabilit	y Company were filed on <u>4</u> / 2	0/2017 and assigned
Florida document number <u>L1700014018</u>		6
This amendment is submitted to amend the following	ı:	
A. If amending name, enter the new name of the l	limited liability company here:	TE DE SE
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation	n "LLC" or the abbrevianon "LLC"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a	• •	ecords, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida stree	address
***		, Florida
	City	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.

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
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Filing Fee: \$25.00