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SEORGIARY OF STATE
TALLAHASSEE, FI



COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: McKenzie Construe Name of Limit	CHON Enderpr ited Liability Company	ises ilc
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Greg L.	Mckenzie Name of Person	
McKenzie C	onstruction En	HERPRISESLLC
20506 Sp	ires Avenue	
P.C. Beach	FL 3241	3
E-mail address; (t	o be used for furdre annual report notifi	cation)
For further information concerning this matter, please ca	di:	
Greg McKonzie	at (<u>850)</u> <u>348</u> Area Code Daytime	-3 62 4 Telephone Number
Enclosed is a check for the following amount:		
\$25,00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy (s enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

F! ED
2018 NOV 13 AM 8:

McKenzie Cons	truction Enterprises LLC 8:54
(A F	Jability Company as it now appears on our records LAHASSEE, EL
The Articles of Organization for this Limited Liabil	
Florida document number <u>L17000 140</u>	189.
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO.	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
-	, Florida

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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>	Name	Address	Type of Action
AMBR	Dauglas Williams	8724 Dorothy Farris R	d. ♥ Add
		Southport, FL 32409	□ Remove
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<u>Note</u>	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	Detaber 30, 2018.
	GREC FACE & Mcheson
	Signature of a member of auth Ozed representative of a member (SPC) WC(PN71F)

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00