U17000181553

| (Re | questor's Name) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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NOV OR 2017 J. HARRIS

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: McLead Renovations (L.C. 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: |
| Daniel McLeod Name of Person |
| McLeod Renautions LCC. Firm/Company |
| 2808 Clark Street |
| Apopka Flq 32-703 City/State and Zip Code J. M. M. Leod 36 W. Gmail. Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Daniel McLeod at (407) 360-1427 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) 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



September 19, 2017

DANIEL MCLEOD 2808 CLARK STREET APOPKA, FL 32703

SUBJECT: MCLEOD RENOVATIONS, LLC

Ref. Number: L17000181553

We have received your document for MCLEOD RENOVATIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a GP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 117A00019002

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| McLeod Revolut | tions 22C |
|--|--|
| (<u>Name of the Limited Liabilit</u> (A Florida | y Company as it now appears on our records.) Limited Liability Company) |
| The Articles of Organization for this Limited Liability Co. Florida document number <u>L1700181553</u> | ompany were filed on <u>8-31-2017</u> and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, <u>enter the new name of the limi</u> | ted liability company here: |
| he new name must be distinguishable and contain the words "Limi | ted Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR.) | ESS) 2808 Clark St. Apopha Fla |
| | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or regist registered agent and/or the new registered office addr | tered office address on our records, <u>enter the name of the new</u> ress here: |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |
| | City Zip Code |
| New Registered Agent's Signature, if changing Registered | I Agent: |
| provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag | and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is d office address, I hereby confirm that the limited liability |
| | If Changing Registered Agent, Signature of New Registered Agent |
| | ii Changing Registered Agent, Signature iii New Registered Agent |

Page 1 of 3

'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

Title Name <u>Address</u> Type of Action John Lang Jr. Vice president 20405 Pin Tail Road XAdd Altoona, FL 32702 □ Change Ciarra B. Dewey 2808 Clark Street DAdd MER Apopka, FL 32810 □ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change __□ Remove □ Çffange □ Add ☐ Remove ☐ Change

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| record specifies a delayed effective date, but reflective day after the record is filed. | icable statutory filing requ ls. | irements, this date will | not be listed as |
| ded October 23. 201 | 1., | | |
| Panny & 97 | deb | | 59: |
| Signature of a member or an | thorized representative of a m | ∩ ∩ √ | |
| DUI 1 Cl. Typed or pri | nted name of signee | KCC | <u></u> |
| | | | |
| Pa | ge 3 of 3 | • | င္မ |

Filing Fee: \$25.00