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(Re	equestor's Name)		
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JA)	ldress)		
(Ci	ty/State/Zip/Phone	e #)	
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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	McCray Ent	terprises & Associates LLC		
SUBJECT.	·=	Name of Limi	ited Liability Company	
The enclosed	d Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Corico R. McCray, Sr.		
		··	Name of Person	
		McCray Enterprises & Ass	ociates LLC	
			Firm/Company	
		P.O. Box 952526		
			Address	
		Lake Mary, FL 32795		
			City/State and Zip Code	
		king@mccrayconsultgrp.org		
		E-mail address: (t	to be used for future annual report notifica-	ation)
For further is	nformation co	oncerning this matter, please ca	ill:	
Corico McC	ray, Sr.		615 397-6617 at () _	
	Name of	Person	Area Code Daytime T	Telephone Number
Enclosed is a	a check for th	e following amount:		
\$25.00 F	iling Fee	□ \$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 is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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**

ARTICLES OF	
ARTICLES OF O	DCANIZATION ~ /:
ARTICLES OF O	1 1 1
G	- COLOSEP 20
McCray Enterprises & Associates LLC	Siller of AMII: 2
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on September 13, 2017 and assigned
Florida document number L17000191380	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	801 International Parkway
(Principal office address MUST BE A STREET ADDRESS)	5th Floor
	Lake Mary, FL 32746
Enter new mailing address, if applicable:	P.O. Box 952526
(Mailing address MAY BE A POST OFFICE BOX)	Lake Mary, FL 32795
B. If amending the registered agent and/or registered of	
registered agent and/or the new registered office address 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 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>	Address	Type of Action
MGR	Corico McCray, Sr.	4500 Messina Drive	<u></u> ■ Add
		Lake Mary, FL 32746	Remove
			☐ Change
			Add
			Remove
			Zenange [7]
			Add (
			Remove (
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Dated Lo	tealer -	21	20	<u>/7</u> .				
		/ \	HIN)	105-)-	\rightarrow			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00