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COVER LETTER

SUBJECT: MAC		struction LLC	
	Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	SCOH W. 1	MACKIEWICZ J	<u>r. </u>
	mackbuild	d Construction Firm/Company	LLC
	1313 S. WA	ASHINGTON AVE. Address	B
	Titusville	CT 32780 City/State and Zip Code	
		City/State and Zip Code	j.
	macrouldi	o be used for future annual report notification	·
	E-mail address: (to	o be used for future annual report notification	on)
For further information cor	ncerning this matter, please cal	II:	A
Scott W. Mach	Gewicz Jr.	at (324) (015 – 12 Area Code Daytime Tele	895
Name of I	'erson	Area Code Daytime Tel	
			ſ~
Enclosed is a check for the	following amount:		
□ \$25.00 Filing 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:

Registration Section

Division of Corporations

TO:

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

Mackbuild Construction 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 on Oct. 26, 2017 and assigned Florida document number <u>L17000222553</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L1.C" or the abbreviation "L1.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. 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:

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. Of, if this document is being filed to merely reflect a change in the registered office address, thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Begistered 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	Scott W. Mackiewicz Jr.	1313 S. Washington Ave B THUSVIIIC, FL 32780	\ Add
		THUSVIIIC, FL 32780	□ Remove
			Change
			Add
			Remove
			Change
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			Add
			Remove
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			☐ Change

EIN # 82-3244230	* Please add EIN#
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be if the date inserted in this block does not meet the all	prior to date of filing or more than 90 days after filing.) Pursuant to 605, pplicable statutory filing requirements, this date will not be liste
ment's effective date on the Department of State's rec	
ecord specifies a delayed effective date, bu le 90th day after the record is filed.	it not an effective time, at 12:01 a.m. on the earlie
	' //
d November 9 A. Fre	
# 7/1////	
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Signature of a member or	authorized representative of a member

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Filing Fee: \$25.00