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(Re	equestor's Name)	
(Ad	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SUBJE	CT: _	mac	Child	00	istruction	n LL($\widetilde{}$	
			7	Name of Limite	d Liability Company			
The enc	losed Ai	rticles of A	mendment and fee	e(s) are submi	itted for filing.			
Please re	eturn all	correspond	dence concerning	this matter to	the following:			
			Sco	HW.	Mackiew	1CZ 3	Tr.	
				(Name of Person	. i _		
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			E-ma	nil address: (to	be used for future andual r	–		
For furtl	her infor	mation con	ncerning this matte	er, please call	:			,```10: 27
Sa	DH 1	rack	rewicz	, Jr.	a ₁ (321)_(015-6	895	. 27
		Name of F	'erson		Area Code	Daytime Teleph	ione Number	
Enclose	d is a ch	eck for the	following amoun	t:				
\$25	.00 Filin	ng Fee	S30.00 Filing Certificate of		□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Certificate o Certified Co (additional copy	f Status & - py
		g Address:			Street Ad			
		tration Se	ection rporations			ation Section n of Corporation	one	
		30x 6327	-			ntre of Tallaha		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

mackbuild Co	mstruction	ULC
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on o a Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability C	Company were filed on <u>CC</u> 2553	t.20.2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD)		non fire of the aboreviation faire.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our record	ls, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sti	reet address
	Cir.	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 amenting Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
4MBR	Pamelo A. Mackiew	ICZ 1313 S. Washington Ave	SuiteB <u>`</u> Xnaa
		Thosville FL 32780	□Remove
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Page 2 of 3

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	<u>:</u>
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more e: If the date inserted in this block does not meet the applicable statutory filing reument's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605.0 equirements, this date will not be listed
record specifies a delayed effective date, but not an effective tim he 90th day after the record is filed.	e, at 12:01 a.m. on the earlier
ed April 20 2027	