117000234502

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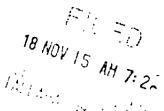
3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date: ___ 11/15/2018

D	Acc#120160000072
	Acc#I20160000072
Name:	NEWCO FINANCE, LLC
Document #:	
Order #:	11258194
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:	
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 55.00

Thank you!

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



NEWCO FINA	NCE, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000234502</u>	were filed on 11/13/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	vility company here:	
MacInnis Family Trust LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:	10152 Carthay Drive	
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32836	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
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:		name of the nev
New Registered Office Address:	Enter Florida street address	
	, Florida	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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Lourdes E. MacInnis	10152 Carthay Drive Orlando, FL 32836	
		 	
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Effective date, if other	r than the date	of filing: _			(c	ptional)	
If an effective date is listed Note: If the date insert document's effective date.	ed in this block do	es not meet	the applicable	le statutory fili	ng requirements.	after filing.) P , this date wi	ursuant to 605.0207 () Il not be listed as ti
ne record specifies The 90th day afte	a delayed effe	ctive date filed.	e, but not a	an effective	time, at 12:0)1 a.m. on	the earlier of:
November	15	2	2018				
Dated	6	,		•			
4							
	Signan	ire of a mem	ber or authoriz	ed representativ	e of a member		

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Filing Fee: \$25.00