

1/22/2018

Division of Corporations

# Florida Department of State

## Division of Corporations

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From:

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Account Number : FCA000000023  
Phone : (614)280-3338  
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FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**MACP CHANEY PLACE LLC**

Certificate of Status	0
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MACP CHANEY PLACE LLC

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:

CHARLES J. BAIER

Name of Person

MORRISON AVENUE CAPITAL PARTNERS

Firm/Company

303 MAIN STREET #1037

Address

SAFETY HARBOR, FL #1037

City/State and Zip Code

CJ@MORRISONAVENUECAPITAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLES J. BAIER

Name of Person

727

2601214

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

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☒ \$55.00 Filing Fee &  
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☐ \$60.00 Filing Fee,  
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(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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MACP CHANEY PLACE 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 DECEMBER 19, 2017 and assigned Florida document number 117000258636.

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 "LLC" or the abbreviation "L.L.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: \_\_\_\_\_

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>	<u>Address</u>	<u>Type of Action</u>
MGR	CRAIG S. DESCALZI	303 Main Street #1037	<input type="checkbox"/> Add
		Safety Harbor, FL 34695	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	C.J. BAIER	303 Main Street #1037	<input type="checkbox"/> Add
		Safety Harbor, FL 34695	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MACP Cheney Place Manager LLC	303 Main Street #1037	<input checked="" type="checkbox"/> Add
		Safety Harbor, FL 34695	<input type="checkbox"/> Remove
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