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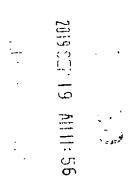
| (Requestor's Name)                      |
|---|
| (Address)                               |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| ·<br>                                   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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R. WHITE OCT 02 2019

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: MC/ennan Sales 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:   |
| Michael TMLennan  |
| Myennan SAles LLC<br>Firm/Company   |
| 10) Blue 14Ke ct  |
| Longwood F1 32779   |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Michael Mclenna at (407) 492-4499 Name of Person at (407) Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:   |
| S25.00 Filing Fee  S30.00 Filing Fee & Certificate of Status  S55.00 Filing Fee & Certified Copy (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



| M / Engas SA/ES (Name of the Limited Liability (A Florida)   | 110  | 2015 STD 19                | AM II: 56            |
|--|--|----------------------------|----------------------|
| ( <u>Name of the Limited Liability</u><br>(A Florida l   | c Company as it now appear<br>Limited Liability Company) | s on our records.)         | •                    |
| The Articles of Organization for this Limited Liability Co<br>Florida document number <u>L\800 006 906 J</u> | ompany were filed on                                     | 3/16/2018                  | and assigned         |
| This amendment is submitted to amend the following:  |  |                            |                      |
| A. If amending name, enter the new name of the limit   | ed liability company ho                                  | <u>ere</u> :               |                      |
| The new name must be distinguishable and contain the words "Limit  | ed Liability Company," the d                             | esignation "LLC" or the ab | obreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |  |                            |                      |
| (Principal office address MUST BE A STREET ADDRI   | <u></u>  |                            |                      |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                         |  |                            |                      |
| B. If amending the registered agent and/or registered agent and/or the new registered office addre           |  | our records, enter         | the name of the new  |
| Name of New Registered Agent:  | <u></u>  |                            | <del></del>          |
| New Registered Office Address:   |  |                            |                      |
|  | Enter Flor   | ida street address         |                      |
|  | City   | , 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

| <u>Title</u> | <u>Name</u>           | <u>Address</u>   | Type of Action |
|--------------|-----------------------|------------------|----------------|
| MXC          | Stephanie<br>Mylennan | 103 Blue Lake (+ | 🗆 Add          |
| MBK          | Menny                 | Longwood FL      | Remove         |
| SLM          |                       | 32779            | ☐ Change       |
|              |                       |                  | Add            |
|              |                       |                  | ☐ Remove       |
|              |                       |                  | Change         |
|              |                       |                  |                |
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| lf an ef<br><u>Note:</u> | ive date, if other than the date of filing:  9-17-30/9 (optional)  fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records. |
|                          | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.   |
| Dated                    | 9-17-2019<br>M) W.L   |
|                          | Signature of a member or authorized representative of a member  |

Page 3 of 3

Filing Fee: \$25.00