L 18 000203105

Office Use Only



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09/24/18--01018--003 **25.00



SEP 25 2018

COVER LETTER

	Registration Secti Division of Corpo				
	Amendment	MCJEW PIPS L	LC		
SUBJEC	JI:	Name of Limit	ed Liability Company		
The encl	osed Articles of Ar	mendment and fee(s) are subm	nitted for filing.		
Please re	turn all correspond	ence concerning this matter to	o the following:		
		EDDY SAINTVIL			
			Name of Person	 -	
		MCJEW PIPS LLC	,		
			Firm Company		
		44 EAST OAKLAND PAT	K BLVD		
			Address		
		WITON MANORS FL. 33	334		
		mcjewpips2018@gmail.co	City/State and Zip Cod m	le	
		E-mail address (to	be used for future annu	al report notificatio	n)
For furth	er information con	cerning this matter, please cal	II:		
Magalie	Leger		954 7	756-2323 or 954	-479-8642
	Name of P	erson	Area Code	Daytime Tele	phone Number
Enclosed	l is a check for the	following amount.			
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee Certified Copy fadditional copy is c		☐ \$60.00 Filing Fee. Certificate of Status & 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

(Name of the Limited Link (A Flor	oility Company as it now appears on our records Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Florida document number L18000203105	: Company were filed on 08-24-2018	and assigned
This amendment is submitted to amend the following:	:	:
A. If amending name, enter the new name of the li	imited liability company here:	SER 24 E
The new name must be distinguishable and contain the words "L	limited Liability Company," the designation "L	I (" or the abbreviation "I I (""
Enter new principal offices address, if applicable:	1841	
(Principal office address MUST BE A STREET AD)	DRESS)	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office agent.		rds, enter the name of the i
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street add	ress
		Florida
	Ciţy	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>	Address	Type of Action
MGR	EDDY SAINTVIL		
		213 NW 8TH AVE APT 303	.
		HALLANDALE, FL. 33009	Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			□ Ardd □ □ □ □ Remove
			دن این Change
			□ Add
			Remove
			☐ Change
			□ Remove
			☐ Change
			_ Add
			Remove
			□ Change

	
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	,,
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	suant to 605,0207 (3)(not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on (b) The 90th day after the record is filed.	
Dated $9-19-20/8$	
Dated 9-19-2018	
Amature of a number of authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00