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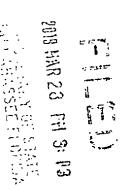
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B. BRUCE APR 08 2019

COVER LETTER

TO: Registration Division of C				
	ness Brothers Construction LLC			
SUBJECT:				
The enclosed Articles	of Amendment and fee(s) are sub	mitted for tiling.		
Please return all corres	spondence concerning this matter	to the following:		
	Scott McGuinness			
	McGuinness Brothers Con	Name of Person istruction LLC		
	· · ·	Firm/Company		
	2215 Hagles Nest Road	t arrox vaupany		
		Address		
	Jacksonville, FL 32246			
	apexrooting.scott@gmail.co	City/State and Zip Code on		
	E-mail address; (to be used for future annual report notifier	ation)	2019 HAR 20
For further information	n concerning this matter, please ca	aH;		III IIAR 20 ALCORNAS
Scott McGuinness		904 803-5460		23 23 23
	e of Person r the following amount:	Area Code Daytime T	elephone Number	FA G ES
\$25,00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing	
	Certificate of States.	Certified Copy (additional copy is enclosed)	Certificate of Certified Control cope	of Status & opy

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

McGuinness Brothers Construction LLC (Name of the Limited Liability Company as it now appears on our rygords.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/3/2018 and assigned Florida document number _ 1.18000234471 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 "LLC." 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 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 complowith 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

If Changing Registered Agent, Signature of New Registered Agent

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 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
Mgr	Patrick Singletary	14590 Lagoon Drive, Jax Beh, FL 32250	■ Add
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Effective date, if oth (If an effective date is listen Note: If the date insert document's effective of the content of the con	d, the date must be steel in this block (specific and can does not meet	the applicable	ate of filing or me statutory filing	ਸ਼ੁਦ than 90 days aft	tional) er filing.) Pursuam nis date will not l	to 605,0207 be listed as
the record specifies) The 90th day aft			e, but not a	n effective t	me, at 12:01	a.m. on the	earlier of
Dated			<i></i>				
		-7.17	~~ <u>~</u>				
	Sign	sature of a mem	ber or authorize	d representative	of a member	-	

Page 3 of 3

Filing Fee: \$25.00