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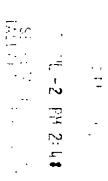
(Darwastala Nama)
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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THE THE

COVER LETTER

TO: Registration Sc Division of Cor			
SUBJECT:	HEXIS MCKO	ENTIE HOME	SLLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Alexis	Name of Person	2
		Firm/Company	
	7960	Happy TR	
	Lissin	nmee FL City/State and Zip Code	34747
	E-mail address: (1	O CPENNYY o be used for future annual report potific	calty. (om
For further information c	oncerning this matter, please ea	dl:	•
Alexa Name o	MCKENZIE	at (324) 435K Area Code Daytime	9670 Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$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

Alexis Mck	enzic Homes LLC
(<u>Name of the Limited Liability Co</u>) (A Florida Limit	mpany as it now appears on our records.) led Liability Company)
The Articles of Organization for this Limited Liability Compa	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited I	iability company here:
The new name must be distinguishable and contain the words "Limited L	iability 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	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	19 JUL -2 PH 2: 4:
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	l office address on our records, enter the name of the new 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 Type of Action Title **Address** Name 1 MGR Alexis McKenzie 7960 Happy TR DAGO KISSIMMER FL 3/17/10/Remove □ Change AMBR Edwin McKenzie 7960 Happy TR DAD FISSIMMER FL DIREMOVE 34747 ☐ Change AMBR Alexis Mikinzic 7960 Heppy TR DATE KISSIMMEL FL DREMOVE 24747 □ Change □ Remove □ Change □ ∧dd ☐ Remove □ Change □ Add □ Remove

☐ Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	
	
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an effectiv Tote: If th	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ated	June 26. 2019.
	Signature of a member or authorized representative of a member
	Alcus McKenzle Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00