## L19000096801

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## **COVER LETTER**

eun icet.	A.G MCDON	VALD ENTERPRISE			
SUBJECT:	· -	Name of Limi	ted Liability Company		
		mendment and fee(s) are sub-			
riease returi	ran correspond	dence concerning this matter	to the following.		
		AINSLEY K MCDONALI	)		
			Name of Person		<del></del> -
			Firm/Company		
		11363 FAIRFIELD CT			
			Address	·	
		WELLINGTON FL 33414			
		ainsley0605@gmail.com	City/State and Zip Code		
		E-mail address: ()	o be used for future annual:	report notification)	
For further i	nformation cor	ncerning this matter, please co	ill:		
Ainsley Mcl	Donald		561 313	30255	
	Name of I	erson	Area Code	Daytime Telepl	none Number
Enclosed is	a check for the	following amount:			
□ \$25.00 i	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ma	iling Address:		Stroot Ac	ldross	

TO:

Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A.G MCDONALD ENTERPRISE				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record liability Company)	<u>s.</u> )		
The Articles of Organization for this Limited Liability Company	were filed on 04/08/2020	<u>-</u>	and ass	igned
Florida document number L19000096801				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
A.M PRO CABLE LLC		<u> </u>	2021	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	" or the abbr	evi <u>ațio</u> n "L.	L.C."
(Name of the Limited Liability Companies (A Florida Limited Articles of Organization for this Limited Liability Companies document number L19000096801  amendment is submitted to amend the following:  amending name, enter the new name of the limited liable process and contain the words "Limited Liable remained and contain the words "Limited Liable remai	11363 FAIRFIELD CT		<i>b</i> .;	
Principal office address MUST BE A STREET ADDRESS)	WELLINGTON FL 33414		-0_	•_
mending name, enter the new name of the limited liabile RO CABLE LLC  name must be distinguishable and contain the words "Limited Liability new principal offices address, if applicable:  Epal office address MUST BE A STREET ADDRESS)  new mailing address, if applicable:  In address MAY BE A POST OFFICE BOX)  mending the registered agent and/or registered office address.			74.72	
			Ω	
Enter new mailing address, if applicable:	SAME AS ABOVE	7.		
Mailing address MAY BE A POST OFFICE BOX)				
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name	of the nev	v regisi
Name of New Registered Agent:				
New Registered Office Address:	D. N. I			
	Enter Florida street addres.	S		
	_ <del>,,,,,,</del>	orida	Zin Code	
	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 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
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5/20/20	<b>021</b>					
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te: If the date inserted in this block does not meet the a	pplicable s	statutory filin	g requiremen	ts, this da	te will r	ot be listed a
cument's effective date on the Department of State's rec	ords.					
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ted 5/20/2021 12:01 a	a.m.					
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W. May						
Signature of a member or	- authorized	Trippersonnini	At a member			