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## **COVER LETTER**

TO:	Registration Se Division of Cor			
	MCS INVE	STS IN YOU, LLC		
SUBJI	ECT:		ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Sarah Geltz, Esq.		
		Kendrick Law Group	Name of Person	
		630 N. Wymore Rd., Suite	Firm/Company 370	
		Maitland/FL32751	Address	
		Sarah@kendricklawgroup.c	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please co	all:	
	Name o	i Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>■</b> \$2	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

MCS INVESTS IN YOU, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{6/13/2019}{2}$ Florida document number \_\_\_\_\_L19000156993 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MACS INVESTS IN YOU, LLC 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 \_\_\_ City

### 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet t	the applicable sta	of filing or more than 90 tutory filing requirer	(optional) days after filing.) Pursuant nents, this date will not b	to 605,0207 be listed as
ne record specifies a delay The 90th day after the re		, but not an e	ffective time, at	12:01 a.m. on the	earlier of
July I Dated	20	019			
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Typed or printed name of signee

Filing Fee: \$25.00