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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of C	·			
SUBJECT: MCS CO	ONSULTING AND DESIGN, LI			
	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	ANN BLACK			
		Name of Person		-
	SMITH, THOMPSON, SI	IAW, ET AL.		
		Firm/Company		
	3520 THOMASVILLE RO	OAD, FOURTH FLOOR .		2019 JUN
		Address		
	TALLAHASSEE, FL 323	09		
	·	City/State and Zip Code		
	Marlee@mcs-cd.com			·
For further information	n concerning this matter, please c	to be used for future annual repo- all:	rt nottricution)	
ANN BLACK		850 893-41	05	
Name	of Person		aytime Telephone Number	
Enclosed is a check for	the following amount:	•		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified	te of Status &
Regi: Divis	LING ADDRESS: stration Section sion of Corporations Box 6327	STREET/CO Registration S Division of C Clifton Buildi	orporations	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCS CONSULTING AND DESIGN, 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 $\frac{6/25/2019}{6}$ and assigned Florida document number <u>L19000159155</u> 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	<u>Address</u>	Type of Action
MGR	MARLEE C. SHAW	1394 PAWNEE POINTE COURT	= Add
		TALLAHASSEE, FL 32312	☐ Remove
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Filing Fee: \$25.00