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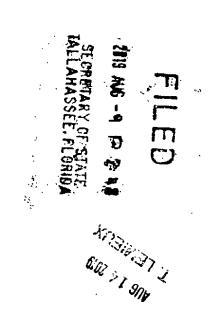
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## **COVER LETTER**

TO: Registration : Division of Co			
	ONSTRUCTION AND REMO	DDELING LLC	
SUBJECT:	Name of Lan	uted Liability Company	
The enclosed Articles o	of Amendment and feets) are sub	omitted for tiling.	
Please return all corresp	ondence concerning this matter	to the following:	
		MIGUEL A ARANA	
		Name of Person	
		Firm Company 2626 MILL RUN BLVD	
		Address KISSIMMEE, FL 34744	
		City/State and Zip Code maran01@yahoo com	<del></del>
		to be used for future annual report noti	fleation)
	concerning this matter, please c		
MIGUEL A. ARANA Name	of Person	787 221-0488 at ( ) Mea Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
□ S25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filling Fee & Cartified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed:

MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clinton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAC CONSTRUCTION AND REMODELING 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 and assigned and assigned the Limited Liability Company were filed on SECRETARY OF STATE.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MAC RENOVATION AND REMODELING LLC

g · · · · · · · · · · · · · · · · · · ·					
A. If amending name, enter the new name of the limited liability company here:					
MAC RENOVATION AND REMODELING 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 offic registered agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new</u>				
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.

. Florida \_\_\_

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 = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
<del></del>			
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
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		····	□ Remove
			<b>5</b> (1)

CHANGING ONLY NAI	ME OF BUSINESS
	<u>-</u>
<del></del>	
	- · · ·
	07/23/2019
<b>fective date, it other tha</b> in effective date is listed, the da	on the date of filing:
ote: If the date inserted in t	this block does not meet the applicable statutory filing requirements, this date will not be listed
etunent serfective date off	the Department of State's records.
racord enacifies a del	layed effective date, but not an effective time at 13.04 and and the second
The 90th day after the	layed effective date, but not an effective time, at 12:01 a.m. on the earlier e record is filed.
AUGUST 06	2019
	Suprature of member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00