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COVER LETTER

•	gistration Serision of Cor			''	
SUBJECT:	McGuirk Co	onstruction and Renovations, L	LC		
JOBJEC 1.		Name of Limited Liability Company			
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Scan McGuirk			
			Name of Person		
		McGuirk Construction and	Renovations, LLC		
			Firm/Company		
		5023 Bent Tree Rd			
			Address		
		Milton, Florida 32583			
		Sean@McGuirkConstructio	City/State and Zip Code n.com		
		E-mail address: (to be used for future annual report notific	cation)	
For further in	nformation co	oncerning this matter, please ca	all:		
Sean McGui	irk		706 252-0018 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	a check for th	e following amount:			
■ \$ 25.00 F	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

McGuirk Construction and Renovations, LLC

2019 SEP 11 PM 12:46

(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 Liabili Florida document number L19000198255	ity Company were filed on Aug, 5th 2019	and assigned
This amendment is submitted to amend the following	ng:	
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	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET AI	DDRESS)	
		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office and the new registered office and the new registered agent.		s, enter the name of the new
New Registered Office Address:		
	Enter Florida street addre	ZZ
- -	, Fl	l orida Zip Code
New Registered Agent's Signature, if changing Regist	•	лр слае
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	vent and agree to act in this capacity. I fund complete performance of my duties, a end agent as provided for in Chapter 605, stered office address, I hereby confirm th	nd I am familiar with and F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
PRES	Sean McGuirk	5023 Bent Tree Rd, Milton, Florida 32583	⊒ Add
			□ Remove
			☐ Change
			□ Remove
			Change
			☐ Remove
			☐ Change
			
			□ Remove
			Change
			Add
			☐ Remove
			□ Change
	·		□ Add
			Remove
			Change

ii ainei	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	Aug, 10th 2019
Effectiv	e date, if other than the date of filing: (optional)
Note:	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated _	<u> </u>
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00