

L20 0000034876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

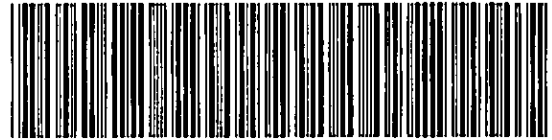
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200378918332

01/06/22--01019--017 **60.00

22 JAN 11 10:09:49

T. MATTHEWS

JAN 20 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Macaw Consulting LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheryl Johnson
Name of Person

Firm/Company

4171 Juniper Street
Address

Pt Charlotte FL 33948
City/State and Zip Code

cheryl-johnson@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Johnson at (941) 623-8514
Name of Person Area Code Daytime 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) ☒ \$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 Address:

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**

22 JUL -5 PM 5:49

Maclean Consulting 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 1/28/2020 and assigned Florida document number L20000034876.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4171 Juniper Street
Port Charlotte FL 33948

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4171 Juniper Street
Port Charlotte FL 33948

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:

Cheryl Johnson

New Registered Office Address:

4171 Juniper Street
Enter Florida street address
Port Charlotte, Florida 33948
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 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> | <u>Type of Action</u> |
|--------------|-----------------------|------------------------------|--|
| <u>MGR</u> | <u>Jerome Bilecki</u> | <u>8368 NW 40 ST</u> | <input type="checkbox"/> Add |
| | | <u>Cooper City FL 33024</u> | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>Cheryl Johnson</u> | <u>4171 Juniper Street</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Pt Charlotte FL 33948</u> | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

[illegible]

(If an effective 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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Cheryl Johnson

Typed or printed name of signee

Filing Fee: \$25.00