## L20000 128472

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AUG 1 4 2020 S. YOUNG

## **COVER LETTER**

SUBJECT:	MAC K9 LLC
SOBJECT:	Name of Limited Liability Company
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	Victoria L Dryer
	Name of Person
	MAC K9 LLC
	Firm/Company
	2401 8th st
	Address
	Saint Cloud FL 34769
	City/State and Zip Code
	K9rex2003@yahoo.com
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
Victoria L Dryer	407 791-5500
	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
□ \$25.00 Filing	Fee \$\Bigsup \\$30.00 \text{ Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)} \Bigsup \\$\$ \$60.00 \text{ Filing Fee. Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}
Mailing ,	Address: Street Address:

Registration Section
Division of Corporations
P.O. Box 6327

TO:

Registration Section **Division of Corporations** 

Tallahassee, FL 32314

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

MAC K9 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 Florida document number L 20006128472 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) 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

## 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>	Address	Type of Action
MGR	Jeffrey William McMahon	5620 Lake Lizzie Dr. Lot 36 St. Cloud FL 34771	∰ Add
			□Remove
			□ Add
			□Remove
		·	□Change
			🗆 Add
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			□Remove
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			□Change

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Signature of a member or authorized representative of a member		Victory & Dan
		Signature of a member or authorized representative of a member

Filing Fee: \$25.00