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## **COVER LETTER**

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TO:

IO: Registration Se Division of Cor			•
SUBJECT: The	Mccomick F	unily Company	y Lic
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Dyneall	Gaines Name of Person	,
		ick Family Compa	ny UC
	1856 N NOP 1	HILL RA	
		Address	, r
	Plantation, F	L 33322 City/State and Zip Code	
	E-mail address:	kF@gmail.Com to be used for future annual report notif	fication)
For further information co	oncerning this matter, please co	all:	- 10 - 12 - 12 - 12 - 12 - 12 - 12 - 12
Duneall Gair	nes	at (561 ) 286 · 3	2 <b>247</b>
Name of	Person		e Telephone Number
Enclosed is a check for th	e 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 S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroc Tallahassee, FL	porations allahassee c Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Mccormick Family Company LLC

(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records,)	-
The Articles of Organization for this Limited Liability Company were filed on Colorida document number 62000 204714	17.15.2026 and	assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liability company h	<u>ere</u> :	
The Paddyfoot Family Company UC he new name must be distinguishable and comain the words "Limited Liability Company," the	I ( ) WITCH A II	
	designation "LLC" or the abbreviation	~L,L.C,
nter new principal offices address, if applicable:		·
Principal office address MUST BE A STREET ADDRESS)	:- <u>¿</u>	
	E E	
	· C.	
nter new mailing address, if applicable:	1 <u>5</u>	<u>-</u>
failing address MAY BE A POST OFFICE BOX)		·
	Profession of the second	_
. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		new register
Enter Flo	orida street address	
	Florida	

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.

City

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>	Name	Address	Type of Action
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			□Remove
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effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or mo  : If the date inserted in this block does not meet the applicable statutory filing	re than 90 days after requirements, this	filing.) Purs date will	mant to 605.0 not be liste
ument's effective date on the Department of State's records.			
record specifies a delayed effective date, but not an effective ti	me, at 12:01 a	a.m. on t	he earlie
he 90th day after the record is filed.	•		
Ed February 6th 2023			
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Tebracy 6th 2023.  Dynallians			