

L210000 10603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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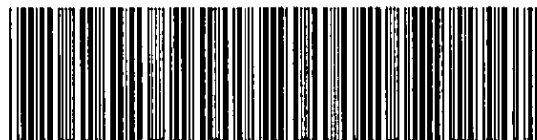
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL
SOLICITOR GENERAL'S OFFICE

D BRUCE
AUG 15 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCDONALD 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:

MARLON McDONALD
Name of Person

MCDONALD LLC
Firm/Company

10550 ASIS MEADOWS DR UNIT 1208
Address

ORLANDO FL 32807
City/State and Zip Code

FMFS.MARLON@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARLON McDONALD at 321, 370 1486
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~~

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

McDONALD 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 07-23-21 and assigned Florida document number 21000010603.

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 "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 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:

BELINDA HUMBERT

New Registered Office Address:

1055 OASIS MEWS DR UNIT 1208

Enter Florida street address

Orlando

City

Florida

32807

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.

Belinda Humbert

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> |
|--------------|-----------------|-----------------------|--|
| MGR | ZION McDONALD | 1055 OASIS MEWS DR | <input type="checkbox"/> Add |
| | | UNIT 1208, ORLANDO FL | <input checked="" type="checkbox"/> Remove |
| | | 32807 | <input type="checkbox"/> Change |
| MGR | MARLOW McDONALD | 1055 OASIS MEWS DR | <input type="checkbox"/> Add |
| | | UNIT 1208, ORLANDO FL | <input type="checkbox"/> Remove |
| | | 32807 | <input type="checkbox"/> Change |
| MGR | BELINDA HUBERT | 1055 OASIS MEWS DR | <input type="checkbox"/> Add |
| | | ORLANDO FL 32807 | <input type="checkbox"/> Remove |
| | | UNIT 1208 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 07/23/21

Stephen M. Davis

Signature of a member or authorized representative of a member

MARION MCIDONALD

Typed or printed name of signee

Filing Fee: \$25.00