## L21000099295

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## **COVER LETTER**

	Registration Se Division of Cor					
SHBIEC		LA LAWN BARBER LLC	•			
SUBJEC	.1:	Name of Lin	nited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please ret	turn all correspo	ndence concerning this matter	to the following:			
		LOVETTE DOBSON				
			Name of Person			
		INCFILE.COM LLC				
		<del></del>	Firm/Company			
		17350 STATE HWY 249	STE 220			
			Address	<del></del>	202	
		HOUSTON, TX 77064		CRET/ ALLA	ו שור	1
		EFILE1234@INCFILE.CO	City/State and Zip Code	MASSE MASSE	2021 JUL 30 PM 3: 04	
•		E-mail address: (	(to be used for future annual report notification)	— M S	<u>ب</u>	
For furthe	er information co	oncerning this matter, please c	all:	ATE ATE	10	
LOVETT	E DOBSON		888 462-3453			
	Name of	Person	Area Code Daytime Telephon	ne Number		
Enclosed	is a check for th	e following amount:				
■ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate o Certified Co (additional cop	f Status &	
F I P	Mailing Address Registration S Division of Co P.O. Box 6327 Fallahassee, F	ection orporations 7	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	ee		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PENSACOLA LAV	WN BARBER LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recordinately Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 03/01/2021	and assigned
Florida document number L21000099295		
this amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
MCDONALD HOLDINGS LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		- <u>0</u> 2
Principal office address MUST BE A STREET ADDRESS)	<del> </del>	
		JE 30 F
Enter new mailing address, if applicable:	-	ENS 3
Mailing address MAY BE A POST OFFICE BOX)		3: 04 E.FL
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter r tortaa street address	2
		orida
	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 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
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effective date is listed, the date mee: If the date inserted in this l	plock does not meet the appli-	cable statutory filing i	e than 90 days after filin equirements, this da	ig.) Pursuant to 605.02 te will not be listed
ument's effective date on the	Department of State's records	<b>5.</b>		
cord specifies a delayed effecti	ive date, but not an effective t	ime at 12:01 a.m. on	the agricult of: (b)	The OOth day often t
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June 25	2021			
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		orized representative of		