

h72000032475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

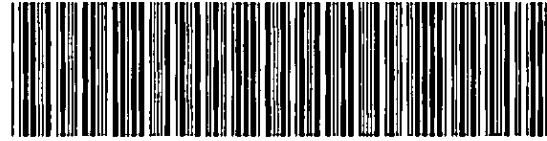
(Document Number)

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[Handwritten Signature]



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22 AUG 22 PM 12:36

STATE OF NEW YORK
DIVISION OF CORPORATE SERVICES

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ON CALL MC, 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:

KIEFER MCFARLAND

Name of Person

ON CALL MC, LLC

Firm/Company

705 ELEANORE AVE

Address

NEW SMYRNA BEACH, FL 32168

City/State and Zip Code

ONCALLMECHANICFL@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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RECEIVED
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

KIEFER MCFARLAND

at (386) 220-2506

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

ON CALL MC, 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 01/18/2022 and assigned
Florida document number L22000032475.

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)

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DIVISION OF CORPORATE FILINGS

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: KIEFER MCFARLAND

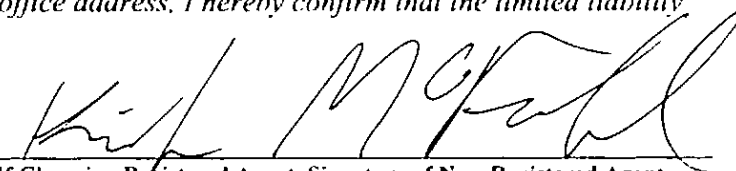
New Registered Office Address: 705 ELEANORE AVE

Enter Florida street address

NEW SMYRNA BEACH, Florida 32168
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>
AMBR	ALYSSA MCFARLAND	705 ELEANORE AVE	<input type="checkbox"/> Add
		NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALYSSA MCFARLAND	705 ELEANORE AVE	<input type="checkbox"/> Add
		NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KIEFER MCFARLAND	705 ELEANORE AVE	<input checked="" type="checkbox"/> Add
		NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KIEFER MCFARLAND	705 ELEANORE AVE	<input checked="" type="checkbox"/> Add
		NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DIVISION OF DUNE CREATION

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Division of Communications

(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

Typed or printed name of signee