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## **COVER LETTER**

TO: Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

	AN SALES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Robert Crews		
		Name of Person	<del></del> _
	Solutions Group Accounting	ng Firm Inc	
		Firm/Company	
	1404 N Ronald Reagan Bl	vd Unit 1120	
		Address	
	Longwood, FL 32750		
		City/State and Zip Code	
	rerews@solutionsgroupaeed		
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please co	all:	
Robert Crews		321 363-4982 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCLENNAN SALES LLC

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on ou d Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L22000344461</u> .	ny were filed on 08/04/202	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company." the designati	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	<del></del> .		
(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 agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	e address on our records  Enter Florida stre	TATE	
	, Florida		
New Registered Agent's Signature, if changing Registered Agen	·	zφ code	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	gree to act in this capact te performance of my du s provided for in Chapte	ities, and I am familiar with and er 605, F.S. Or, if this document is	

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
AMBR	Lori McLennan	204 Mary Ave	\
		New Smyrna Beach, FL 32168	□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□ Remove
		- <u>-</u> -	☐ Change
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Effective date, if other than fan effective date is listed, the date	the date of fili	ing:	to day of filling	(op	tional)	ras a <b>s</b> as
<b>Note:</b> If the date inserted in thi	s block does no	t meet the applic	able statutory fil	more man 90 days ar ing requirements, t	er ming.) Pursuant to 6 his date will not be l	505.0207 isted as
document's effective date on th	e Department o	f State's records				
e record specifies a delayed efferd is filed.	ctive date, but n	ot an effective ti	me, at 12:01 a.m	. on the earlier of:	(b) The 90th day at	fter the
Marianak iri 1		2022				
Dated November 1		2022	,			
TA						
		->		ve of a member		

Typed or printed name of signee