## L23000317525

(F	Requestor's Name)	
(A	ddress)	
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(0	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(E	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
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## **COVER LETTER**

TO:	Registration Section Division of Corporations	<b></b>	
· SUBJEC	MCNALLY SOLUTIONS LLC	•	*
•	Name of	Limited Liability Company	
771			
The enclos	sed Articles of Amendment and fee(s) are	submitted for filing.	
Please rem	irn all correspondence concerning this ma	tter to the following:	
	MICHAEL VINCENT	MCNALLY	
		Name of Person	
	MCNALLY SOLUTIO	NS LLC	
		Firm/Company	
	13505 MARQUETTE B	LVD	
		Address	<del></del>
	FORT MYERS, FL, 339	05	
	150.00	City/State and Zip Code	<del></del>
	MVMCNALLY93@GMA	AIL.COM	
For further in	nformation concerning this matter, please	(to be used for future annual report not	fication)
	VINCENT MCNALLY		
<del></del>	Name of Person	518 573-6484 at ()	
	211013011	Area Code Daytim	e Telephone Number
Enclosed is a	check for the following amount:		
<b>≅</b> \$25.00 Fi		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Ilahassee Street Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCNALLY SOLUTIONS LLC

2023 OCT | 1 AM 7: 43

(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  $\frac{07/03/2023}{1}$ and assigned Florida document number  $\underline{L23000317525}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: New Registered Office Address: Enter Florida street address

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

· <u>Title</u> VP	Name ELLEN ANN MCNALLY	Address 13505 MARQUETTE DI VID	Type of Action
		13505 MARQUETTE BLVD, FORT MYERS, FL,	□Add
			□Change
			□ Add
			_ 🗆 Remove
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,	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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E EÆ	10/06/2023
(If an et <u>Note:</u>	fective 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)(3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the reco record is t	rd 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 iled.
Dated	· · · · · · · · · · · · · · · · · · ·
	11/ / / De
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

Typed or printed name of signee