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2024 SEP 17 AH 8: 16

COVER LETTER

TO:

Tallahassee, FL 32314

	ration Section n of Corpora		
SUBJECT:	mcc	ENTERPRESS Name of Lin	, uc
	<u> </u>	Name of Li	mited Liability Company
The enclosed Ar	ticles of Amo	endment and fee(s) are su	bmitted for filing.
Please return all	corresponder	nce concerning this matte	r to the following:
	-	CHAN	NAME Of Person
	-		10. (0)
		111-11-61	Firm/Company
	-	1424 50	3 20 th Ct. Address
	-	Forer LA	USERDALE, FL 33315
	_	Channing E-mail address:	City/State and Zip Code Coe MD e gmail. CDM (to be used for future annual report notification)
For further infor	mation conce	rning this matter, please	
CHAN	NTNG (OE Son	at (454) 328 - 2587 Area Code Daytime Telephone Number
Enclosed is a ch	eck for the fo	llowing amount:	
☑ \$25,00 Filin	ig Fec [\$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & □ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist	<u>e Address:</u> tration Sect on of Corp		Street Address: Registration Section Division of Corporations
	30x 6327		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Please se attached amendment to LLC.

- REMOVER OF MCKENZIE COE
AS ABOUT/MANIA GETZ/MEMBETZ

FROM: CHANNING COE MCC ENTERPRISES

1424 SW 20th Ct.

FORT LAUDERDHIE, FL 33315

954.328.2587

Chaming coe Mo C general. com

MAIL to:

.

REGISTRATION SECTION

DIVISION OF CORPORATIONS

PO BOX 6327

TALLAHASSEE, FL 32314

with \$ 25 draw

to FLORISH DEPT OF STAT

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

FILED

MCC EMERPRISES			2024 SEP 17	AH 8: 16
(Name of the Limited (A	Liability Company as it no Florida Limited Liability C	ow appears on ou ompany)	ir records.)	
The Articles of Organization for this Limited Liab Florida document number	oility Company were file	_ 1	22 20 28	EE. FLORIDA and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	he limited liability con	npany here:		
The new name must be distinguishable and contain the word	ds "Limited Liability Compa	any," the designat	ion "LI.C" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	<u> </u>		
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or regagent and/or the new registered office address		on our record	s, <u>enter the nan</u>	ne of the new registere
Name of New Registered Agent:	CHANNING	COÉ		
New Registered Office Address:	CHANNING 1424 SW	20th Co	vet address	
	Fort Lavores	DALE	. Florida	33315
				Zip Code
New Registered Agent's Signature, if changing Reg	gistered 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>	Name	Address	Type of Action
			
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		 	Change
.			□Add
			□Remove
			□Change
			□Add
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