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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer	-
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SECTION IN POSS

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COVER LETTER

TO: Amendment Sec Division of Cor			
NAME OF CORPO	DRATION: MC6 FAI	nily Enterprises	Inc.
DOCUMENT NUN	IBER: <u>P1500004</u>	2336	
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	70	beri McGonag	
	M	Name of Contact Person (6 family Enterp	ories Inc
		Firm/ Company	
		512 W. 23°	5 St Unil 2 15 32405
		Peru Ma (She	if 3740s
		City/ State and Zip Cod	e .
	hin	ben 800 o live.c	
	,	sed for future annual report	
		·	·
For further informati	on concerning this matter, pleas	se call:	
	McGonagil	at (850	E90 - 588S de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
_	ailing Address		Address
Amendment Section Amendment Section Division of Corporations Division of Corporations			
	D. Box 6327		Building
I a	llahassee, FL 32314		ixecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation

MCG Far	rily Enterprises	Inc	
(Name o	f Corporation as currently	filed with the Florida Dept. of State)	
4-2-11	(Document Number of	Corporation (if known)	 .
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	Torida Profit Corporation adopts the fol	lowing amendment(s
A. If amending name, enter the new na	me of the corporation:		
			Thenew
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associal	ation "Corp," "Inc," or "C	o". A professional corporation name	the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		242 512 W. 23M	9 St Unit 2-
		Panama City, FL	, 32405
			
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C		2425 Ambust 5t	
	, <u></u>	Lynn Haven, FL 324	44
D. If amending the registered agent and new registered agent and/or the new		ss in Florida, enter the name of the	
Name of New Registered Agent			
	(Florida stree	address)	
New Registered Office Address:	5/2 W123rd.	St , Panama Csty , Florida	32405
- Constantin Office That Can	((City)	(Zip Code)
New Registered Agent's Signature, if ch	ianging Registered Agent:	يندمه	
I hereby accept the appointment as registe		th and accept the obligations of the $position$	tion. 🔐
)> ;	_ 'Y
		32: 23:	71 2 en sen 21 27 n.
	Signature of New Re	gistered Agent, if changing	
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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; F = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sm	nit <u>h</u>		
Type of Action (Check One)	Title		<u>Name</u>		<u>Addres</u> s
1) Change		_			
Add					
Remove					
2) Change		_			
Add					
Remove					
3) Change					
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change					
Add					-
Remove					
6) Change					<u> </u>
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Remove					

ttach <i>additional sheets</i>	additional Articles, e., if necessary). (Be	specific)			
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n amendment provid	des for an exchange,	reclassification o	r cancellation of i	cuad charae	
<u>ovisions for impleme</u>	enting the amendmen	nt if not contained	in the amendmen	t itself:	
(if not applicable, in	ndicate N/A)				
	·				
					

The date of each amendment(s) adoption: 6/13/17	, if other than the
date this document was signed. 6 //3//7	•
rifective date it applicante:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement be separately provided for each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	nolder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	'r'
Dated 6/13/17	
SignatureBTA	
(By a director, president or other officer - if directors or officers have not b	
selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	court
(Typed or printed name of person signing)	
President	
(Title of person signing)	