# 119000156772

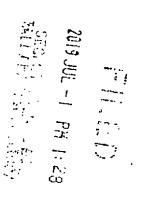
(Requestor's Name)	
(Address)	
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(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
	Prado 307 l	LLC	* ************************************	
SUBJ	ECT:			
		Name of Lim	ited Liability Company	
The e	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspor	ndence concerning this matter	to the following:	
		Raymond Smalley		
		<del></del>	Name of Person	
			Firm/Company	
		10 Humeston Slope		
			Address	
		Holyoke, MA 01040		
		rpsmalley@hotmail.com	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report notific	ration)
For fu	irther information co	oncerning this matter, please co	all:	
Rayı	mond Smalley		413 335-4382	
	Name of	Person	at () Area Code Daytime '	l'elephone Number
Enclo	sed is a check for th	e following amount:		
<b>=</b> \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

' TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## TO ARTICLES OF ORGANIZATION OF

Prado 307 LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number \_\_\_\_\_L19000156772 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Malley Holdings LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 10 Humeston Slope Enter new principal offices address, if applicable: Holyoke, MA 01040 (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 address on our records, enter the name of the ne 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 th 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>	<u>Name</u>	<u>Address</u>	Type of Action
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			Change
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			Change

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	20 00 P
Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing o  Note: If the date inserted in this block does not meet the applicable statutory fi  document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective  The 90th day after the record is filed.	iling requirements, this date will not be listed as
the Journal arter the Jetora 15 mea.	
June 28 2019	
June 28 2019	
June 28 2019 Dated	
	tive of a member

Page 3 of 3

Filing Fee: \$25.00