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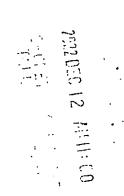
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COVER LETTER

TO:

Registration Section

Divisio	on of Corporatio	ns			
SUBJECT:	MGHALIF	AXRE, LLC			
3000(X)1		Name of Lir	nited Liability Company		
The enclosed A	rticles of Amendr	ment and fee(s) are sul	omitted for filing.		
Please return all	l correspondence	concerning this matter	to the following:		
		Elan R. Ka	ney, Esq.	•	
			Name of Person		
		Elan R. Ka			
			Firm/Company		
		523 N. Ha	lifax Ave.		
			Address		
		Daytona I	Beach, FL 32118		
			City/State and Zip Code		
			iey@KaneyLaw.com		
		E-mail address: (to be used for future annual report not	fication)	
For further infor	rmation concernin	g this matter, please c	all:		
Elan Kai			at (<u>386</u>) <u>281-577</u> Area Code Daytim	7_	
	Name of Person		Area Code Daytim	e Felephone Number	
Enclosed is a ch	eck for the follow	ing amount:			
X i \$25.00 Filin		0.00 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)	
	Address:		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallah	assee, FL 3231	4		e Street, Suite 810	
			Tallahassee, FL	. 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MGHALIFAXRE, LLC (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 11/07/2019 and assigned Florida document number I.19000277762 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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 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.

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

Title	<u>Name</u> The Juan Canino-Pieve	<u>Address</u> 231 Riverside Drive, Unit 1202	Type of Action
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ated <u>December 7</u>	Δ /	7 · 2022	<u> </u>			
Xuan	Mar-	llve				
_(1,	Signature o	f a member or auth	orized representative	of a member		_

Filing Fee: \$25.00