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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

	ration Sec on of Corp		•	
M	cCray Ave	e, LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed A	rticles of A	Amendment and fee(s) are sub-	mitted for filing.	
		ndence concerning this matter		
		Allen Rosenthal		
			Name of Person	
			Firm/Company	
		2951 Burnett Terrace		
		-	Address	
		The Villages, Florida 3216	3	
			City/State and Zip Code	
		racd44@yahoo.com E-mail address: (t	to be used for future annual report notif	ication)
For further info	rmation co	oncerning this matter, please ca	all:	
John T. Marsha	ıll, Esq.		352 432-8859	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a ch	neck for the	e following amount:		
■ \$25.00 Fili	ng 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)
	g Address tration S		Street Address: Registration Sec	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

McCray Ave, LLC				
(Name of the Limi	ted Liability Compan (A Florida Limited Li	y as it now appears on o ability Company)	ur records.)	
e Articles of Organization for this Limited I.	iability Company v	were filed on January	23, 2023	and assigned
orida document number L23000040167				
is amendment is submitted to amend the fol				
If amending name, enter the new name of	of the limited liabil	lity company here:		
				₹., ~
new name must be distinguishable and contain the	words "Limited Liabilit	ty Company," the designa	ion "LLC" or th	e abbrev allon
ter new principal offices address, if appli	cable:			JUL 11
incipal office address MUST BE A STREE	ET ADDRESS)			SEE C
				الساسة
				: 유급 ::
ter new mailing address, if applicable:				Dm 2
ailing address MAY BE A POST OFFICE	BOX)			
If amending the registered agent and/or		ddress on our record	s, <u>enter the n</u>	ame of the new registe
ent and/or the new registered office addre	ess here:			
Name of New Registered Agent:	Allen Rosenthal			<u>. </u>
	Allen Rosenthal 2951 Burnett Te			
Name of New Registered Agent: New Registered Office Address:			eet address	
		rrace	eet oddress Florida	32163

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Add
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Effective date, if other than the defeative date is listed, the date must Note: If the date inserted in this blockdocument's effective date on the Department.	be specific and cannot be p ck does not meet the ap-	plicable statutory f	or more than 90 days	optional) after filing.) , this date v	Pursuant t vill not b	o 605.02 e listed	07 (as (
record specifies a delayed effective d is filed.	date, but not an effective	re time, at 12:01 a.	m. on the earlier o	f: (b) The	90th day	after th	ie
June 29	2023		ر				
Dated	·						

Filing Fee: \$25.00