205000017021

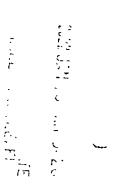
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer;	





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A. BUTLER JAN 1 4 2022

COVER LETTER

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TO:

TO: Registration 5 Division of Co					
	JAN 2038, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	pondence concerning this matter	to the following:			
	LEYLA SCAPARONE				
		Name of Person			
	JOHN P. MAAS, P.A.				
Fire		Firm/Company	<u> </u>		
	44 NE 16 STREET				
Address					
	HOMESTEAD, FLORIDA 33030				
		City/State and Zip Code			
	E-mail address: (to be used for future annual report not	itication)		
For further information	concerning this matter, please c	all:			
LEYLA SCAPARON	E	305 247-7132 at ()			
Name	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for	the following amount:				
■ \$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)		
<u>Mailing Addı</u> Registration		Street Address: Registration Se	ection		
_	Corporations	-	Division of Corporations		
P.O. Box 63	327	The Centre of			
Tallahassee	, FL 32314	2415 N. Monro	pe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCGUIGAN 2038, 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 ______ and assigned Florida document number ______L05000017021 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 _, Florida ___ City

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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	RICHARD SPIROFF, TRUSTEE	2004 N. KROME AVENUE	□Add
		HOMESTEAD, FLORIDA 33030	□Remove
MRS LIDYA SPIROFF	LIDYA SPIROFF	2004 N. KROME AVENUE	□Add
		HOMESTEAD, FLORIDA 33030	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
-			🗀 Add
			□Remove
			□Change
		<u> </u>	□Add
			□Remove

	Revocable Living Trust of Richard Spiroff, dated January 5, 2022.
fan et Note <u>:</u>	tive date, if other than the date of filing:
e reco rd is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Yazad	January 5th 2022
Jaicu	
Jateu	

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Filing Fee: \$25.00