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R. HUNT 02/21/23

COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

	INVESTMENTS LLC
The enclosed Articles of Amendment and fee(s) are s Please return all correspondence concerning this mat	
MARI	Name of Person
MD A	Or operty Investments UC
HII WO	1 Firm/Confpany 1 Nyt 5t. #18313 Address
MDPBO	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code State annual report notification)
For further information concerning this matter, please	
Marilyn Dewzier	<i>f</i> =
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section
profesion of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

MD b	roperty Investment	BULC
(Name of the Lin	nited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Florida document number ' LOS 600	Liability Company were filed on $\frac{1/23/2023}{23744}$	and assigned
This amendment is submitted to amend the fo	llowing:	
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 "L.L.C."
Enter new principal offices address, if appli		
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	= BOX)	
B. If amending the registered agent and/or agent and/or the new registered office address.		•
Name of New Registered Agent:	MARILYN DELOZIE	R
New Registered Office Address:	MARILYN DELOZIE HII WALN ut Street + Enter Florida street address GRENCOVE Springs, Florida City	¥ 18313
	GRENCONE Springs, Florida	32043
Sour Domintound Amenda Sierra		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	

1

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 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
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