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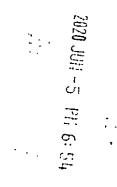
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O SIMMONS

COVER LETTER

TO:

Registration Section
Division of Corporations

Mainstr SUBJECT:	reetcities, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Mark A. Chałkłey			
		Name of Person		
	Mainstreetcities, LLC			
		Firm/Company		
	10950-60 San Jose Blvd	l. STE 156		
		Address		
	Jacksonville, FL 32223	Jacksonville, FL 32223		
		City/State and Zip Code		
	mchalkley@mail.com			
	E-mail address: (to be used for future annual report not	ification)	
For further information	concerning this matter, please c	ail:		
Mark A. Chalkley		904 210-2902 at ()		
Name	e of Person		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)	
Mailing Addı Registration	Section	Street Address: Registration Se		
Division of P.O. Box 6	Corporations	Division of Co The Centre of		
Tallahassee, FL 32314			be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Mainstreetcities LLC

2020 JUH - 5 PH 6: 54

(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	ers on our records.)	
	(A Florida Limited Liability Company)	• .	• .
The Articles of Organization for this Limited	Liability Company were filed on _	10/31/2012	and assigned
Florida document number L12000138801	·		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability company h	<u>nere</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		· ·
Principal office address MUST BE A STRE	ET ADDRESS)		
-			

Enter new mailing address, if applicable:			
	<u></u>		
Enter new mailing address, if applicable:	E BOX)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or	registered office address on our	records, enter the n	ame of the new regi
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	registered office address on our	records, <u>enter the n</u>	ame of the new regi
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or	registered office address on our	records, <u>enter the n</u>	ame of the new regi
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or agent and/or the new registered office addrese Name of New Registered Agent:	registered office address on our ess here:		ame of the new regi
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address	registered office address on our ess here: Mark A. Chalkley 10950-60 San Jose Blvd. STE 15		ame of the new regi
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office addrese Name of New Registered Agent:	registered office address on our ess here: Mark A. Chalkley 10950-60 San Jose Blvd. STE 15	56	

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>	2020 JUH - 5 PH 6: 5L	Type of Action
AMBR	Dianne Chalkley	10950-60 San Jose Blvd. STE 156	_
		Jacksonville, Fl 32223	□Remove
			Change
MGR	Mark A. Chalkley	10950-60 San Jose Blvd. STE 156	■Add
		Jacksonville, Fl 32223	□Remove
			☐ Change:
			🗆 Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
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			□Add
			□Remove
			□ Change

	2020 JUH -5 PH 6: 54
	•
ffective date, if other than the date of filing:	(optional) be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
ote: If the date inserted in this block does not meet the	e applicable statutory filing requirements, this date will not be listed as
ocument's effective date on the Department of State's r	records.
record specifies a delayed effective date, but not an effe	ective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	•
ated May 11 2020)
	
$\langle x, y \rangle$	cley-
	or authorized representative of a member
/ Signature of a member	or authorized representative of a member

· . .

Filing Fee: \$25.00