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COVER LETTER

Division of Corporations
SUBJECT: MSB LAND ENTERPRISES L.L.C. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DANIEL A. MOWREY Name of Person
MSB LAND ENTERPOSES, L.L.C.
280 N. THRD STREET
St. AUM STINE FL 32084 City/State and Zip Code dmowrey@ancientcitylaw.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DANIE A. Mowrey at (964) Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MSB LAND E	MEMMSE	1, L.L.	C.		
(<u>Name of the Limited I</u> (A F	iability Company as Iorida Limited Liabil	it/now appears on o	ur records.)		
The Articles of Organization for this Limited Liabil Florida document numberL 300014406	ity Company wer	e filed on 69	19/2013	and as	signed
This amendment is submitted to amend the following	ng:				
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 C	ompany," the designa	tion "LLC" or the a	abbreviation "L	.L.C."
Enter new principal offices address, if applicable	::	- -			
(Principal office address MUST BE A STREET A	DDRESS)			2019 SEE	
	 -		<u> </u>		
Enter new mailing address, if applicable:				28 P	1
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>			12.51 7.21 7.21	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address here:	address on our	records, enter	the name	of the new
Name of New Registered Agent:	DANIER	A. Mov	VREY		
New Registered Office Address:	2801 N	. THEO	STVEET vet address	· 	
	St. Allfu	STINE	, Florida	3208	4
_	 _ ,	City		Zip Code	

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
MGR	DANIEL A. MOWREY	2901 N. THRO STREET	t Add
		St. AUGUSTINE, FZ 32084	Remove
			Change
MGRM	Mowrey, sto entreal, BEARDILEY, P.L.	2801 N. THIM STREET	
	behalley, p.L.	Jt. AUGUSTINE, FZ 32084	d Remove
			Change
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an effe ote: I	ve date, if other than the date of filing: July July
reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ited _	JUNE 25 2019
	Signatury of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00