Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 6695 ROXBURY LANE LLC

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Page Count	04
Estimated Charge	\$25.00

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Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

6695 ROXBURY LANE LLC		
(Name of the Limited Liabilit (A Florida	Company as it now appears on our rec Limited Liability Company)	:ords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
MADE Property Investments, LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office uddress MUST BE A STREET ADDR	FSS	
(Thirtipal office address wost be A Street Abox		
	<u> </u>	
Cutan and make if applicable		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
		-9
B. If amending the registered agent and/or registered	l office address on our records, <u>en</u>	ter the name of the new register
agent and/or the new registered office address here:		<u> </u>
		. .
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
The Witte glotter of the Fittings.	Enter Florida street ad	ldress
		, Florida
us data	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 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>	Name	Address	Type of Action
			□Add
			Remove
			☐ Change
			□Remove
			□Change
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□Change

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fective date, if other than the d	late of filing:	— -	(optional)	
n effective date is listed, the date must bote: If the date inserted in this bloc current's effective date on the Dep	be specific and cannot be prior ck does not meet the applic	able statutory filing re-	han 90 days after filing.) Pur	rsuant to 605.020 I not be listed a
ecord specifies a delayed effective is filed.	date, but not an effective ti	me, at 12:01 a.m. on t	ne earlier of: (b) The 90)th day after th
	2022			
February 9				
tted February 9		pol		

Filing Fee: \$25.00