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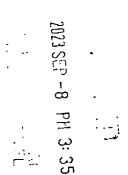
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09/08/23--01017--003 **25.00



Ch answer



Zuco Investment LLC 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: Antonio Zuco Name of Person Zuco Investment LLC Firm/Company 3432 Fernwood Dr Address Kissimmee, FL 34741	
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Zuco Investment LLC Firm/Company 3432 Fernwood Dr Address	
Zuco Investment LLC Firm/Company 3432 Fernwood Dr Address	
Firm/Company 3432 Fernwood Dr Address	
3432 Fernwood Dr Address	
Address	
Kiccimmaa El 34741	
NISSIMMEC, FL 34741	
City/State and Zip Code Zuco.Tony@GMAIL.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Antonio Zu c o 407 595-3349 at ()	
Name of Person Area Code Daytime Telephone	: Number
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy C (additional copy is enclosed) C	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Zuco Investment LLC

2023 SEP -8 PM 3: 35

(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)	- ; <u>- ; - ; - ; - ; - ; - ; - ; - ; - ;</u>
The Articles of Organization for this Limited Liability Company Florida document numberL14000083074	were filed on May 22, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
MGM Property Investments LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3432 Fernwood Dr	
(Principal office address MUST BE A STREET ADDRESS)	Kissimmee, FL 34741	
Enter new mailing address, if applicable:	PO Box 452631	
(Mailing address MAY BE A POST OFFICE BOX)	Kissimmee, FL 34745	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the na Enter Florida street address	ame of the new regis
	, Florida	Zip Code
	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>	<u>Name</u>	Address	Type of Action
		□Remove	
		☐ Change	
			□Add
			Remove
			Change
			□Add
			□Remove
		□Remove	
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			□Add
		□Remove	
			□Change

an ei ote:	tive date, if other than the date of filing: 09 10 2023 (optional) Rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0205. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	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.
	09/05/23
ated	09/05/23 A
ated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00