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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	CT: MAC	LEESBURG LAKE SQUAR	RE, LLC	
CCBGE		Name of Limi	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspor	ndence concerning this matter	to the following:	
		Louis A. Sousa, Esq.		
			Name of Person	
		Lisa & Sousa, Ltd.		
			Firm/Company	
		5 Benefit Street		
			Address	
		Providence, RI 02904		
·			City/State and Zip Code	
		n/a		
		E-mail address: (to be used for future annual report notific	ation)
For furt	her information co	oncerning this matter, please ca	all:	
Diane I	R. Protano		401 274-0600 at ()	
	Name of	Person	Area Code Daytime	Felephone Number
Enclose	ed is a check for th	e 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 ADDRESS:

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

MAC LEESBURG LAKE SOUARE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on September 16, 2015 and assigned Florida document number __L15000158068 This amendment is submitted to amend the following: 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 applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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.

New Registered Agent's Signature, if changing Registered Agent:

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	Carlos Ribeiro	2660 South Ocean Boulevard		
		Unit #706S	☐ Remove	
		Palm Beach, FL 33480	☐ Change	
MGR	Diane Cavallo	2660 South Ocean Boulevard	■ Add	
		Unit #706S	☐ Remove	
		Palm Beach, FL 33480	☐ Change	
MGR	Michael Cavallo	2660 South Ocean Boulevard		
MGR	Tanya DaCosta	Unit #706S	□ Remove	
		Palm Beach, FL 33480	□ Change	
		2660 South Ocean Boulevard	≥ a Add	
		Unit #706S	> ₹ C S S S S S S S S S S S S S S S S S S	
		Palm Beach, FL 33480	SSEC Change	
MGR.	Christopher DaCosta	2660 South Ocean Boulevard	S S S S	
MGR		Unit #706S	□ Remove	
		Palm Beach, FL 33480	□ Change	
	Lindsey DiPietro	2660 South Ocean Boulevard	■ Add	
		Unit #706S		
		Palm Beach, FL 33480	☐ Change	

(continued)

MGR Alexander DiPietro 2660 South Ocean Boulevard Unit #706S
Palm Beach, FL 33480

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n effective date is listed, the date must te: If the date inserted in this blo	be specific and cannot b	e prior to date of fili	ng or more than 90 day	s after filing.) P	ursuppit to 605.0
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