8/24/23, 10.34 AM

Division of Corporations

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(((H23000294311.5)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH, ORLANDO

Account Number : 119980000090 Phone : (407)839-4200 Fax Number : (407)839-4264

\*\*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 MCD, LLC

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AUG 2 5 2023

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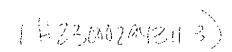
## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCD, LLC	
(Name of the Limited Liability Company as k now appears on our record (A Florida Limited Liability Company)	<u>18.</u> )
he Articles of Organization for this Limited Liability Company were filed on 12/17/2015	and assigned
forida document munber L15000212308	
his 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	I" 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, <u>enter</u>	the name of the new register
igent and/or the new registered office address here:	THE HARLE OF THE THE PARTY OF T
Name of New Registered Agent:	3
Name of New Registered Agent:	~ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
New Registered Office Address:	

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



( 1736000 311 3)
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

→ 18506176383

MCR == Manager

⊙ 08-24-2923 11:10 AM

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	MARCIA A. MURPHY	6869 Stapoint Court, Suite 102	OAdd
		Winter Park, Florida 32792	
			[7] Change
MGR	MICHAEL P. LOMBARDI	P. C. Box 432	■Add
		Orlando, Florida 32802	
			□ Change
			[]Add
			[]Remove
			[]Change
			□Add
			□Remove
			[]Change
			□Add
			CIRemove
			[]Change
			- Remove
			∏Change

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Fax Services

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cument's effective date on the Depar	tment of State's records.			
ecord specifies a delayed effective da is filed.	to, but not an effective time,	at 12.01 a.m. on the earli	er of: (b) The 90th day after	i Ite
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ated <u>8 / 21 / 20</u>	23			
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72-6-1-2	eture of a member or authorize	()		
' F ' Sign	eture of a member or anthorize	af representative of a membe	r	
MICHAEL P. LOMBARDI				
	Typed or printed n	ame of signee	• • •	

(4/230002943113)

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