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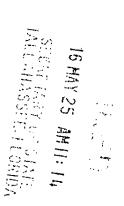
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COVER LETTER

TO:	Registration Se Division of Co			· ·
61115	McKaa Re			:
SUB	IECT:	Name of Lim	ited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		William McKenna		
		*** · · · · · · · · · · · · · · · · · ·	Name of Person	
		McKan Realty LLC		
			Firm/Company	
		2823 W Shelton Ave		
			Address	
		Tampa, Florida 33611		
		info@mckaa.com	City/State and Zip Code	
		•	to be used for future annual report no	dification)
For fi	urther information o	concerning this matter, please ca	all:	
Willi	rther information concerning this matter, please call: am McKenna 813 716-4508		·	
	Name o	of Person	Area Code Daytii	ne Telephone Number
Encle	osed is a check for t	he following amount:		
■ S	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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	ı
he Articles of Organization for this Limited Liability Company were filed on	and assigned
orida document number	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office address on our records,	enter the name of the
gistered agent and/or the new registered office address here:	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	
	268 美
Name of New Registered Agent:	
New Registered Office Address:	<u> </u>
Enter Florida street address	
	: = -
, Flori	
, Flori	ida Zip Codo

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>	Name	Address	Type of Action
AMBR	Christina L. McKenna	10404 Bryant Road, Lithia Florida	· 🖸 Add
			■ Remove
			☐ Change
shareholder	Christina L. Mokenne	10404 Bryant Roal, Lish	FL DAdd W
			Remove
			☐ Change
			□ Remove
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			Add
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umen	i's effective of	date on the Dep	partment of	State's	records.							
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Filing Fee: \$25.00