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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER Registration Section Division of Corporations SUB-ECT: 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:	
Francise M. Name of Person	
MC Holdings LLC Firm/Company	
22 Willow St Stel	
Chelsea M UZIN City/State and Zip Code	
FRANCINC ONLCHO LD IN 65 LLC & COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Francisco Why at (617) 466 1787 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \$\Bigcup \\$55.00 Filing Fee & \$\Bigcup \\$55.00 Filing Fee & \$\Bigcup \\$60.00 Filing Fee. Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the	Limited Liability Company a (A Florida Limited Liab	as it now appears	s on our records.)		
The Articles of Organization for this Limit	ted Liability Company we	ere tiled on	Jne. 19	2017	and assigne	d
Florida document numberL17000	132909			•		
This amendment is submitted to amend the	e following:	i				
A. If amending name, enter the new na	me of the limited liability	y company he	<u>re</u> :			
The new name must be distinguishable and contain	n the words "Limited Liability)	Company," the de	signation "LLC"	or the abbrev	iation "L.L.C."	
Enter new principal offices address, if a	pplicable: _	l			<u>ਛ</u>	SEC
(Principal office address MUST BE A ST	REET ADDRESS)				33	ARE
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c :	_				~o	E O
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(Mailing address MAY BE A POST OFF		ļ,		1		REAL
						> -
	-			,	·····	
B. If amending the registered agent		e address on	our records,	enter the	name of t	he new
registered agent and/or the new register	red office address here:			i		
· .						
Name of New Registered Agent:		1		<u>:</u>		
New Registered Office Address:				! !		
ŀ		Riter Flor	ida street address		,	
; ;		į.	, Flor	ida		
		City			Zip Code	
New Registered Agent's Signature, if change	ging Registered Agent:					
I hereby accept the appointment as regi provisions of all statutes relative to the accept the obligations of my position as being filed to merely reflect a change in company has been notified in writing of	proper and complete pe s registered agent as pro 1 the registered office ad	rformance of wided for in C	my duties, and Thapter 605, F	Lam fam S. Or, if t	iliar with ar his documer	nd
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•	If Changin	ng Registered Ag	ent, Signature of	New Registe	ered Agent	

If amending A or removed fro	uthorized Person(s) om our records:	authorized to mana	ge, <u>enter the tit</u>	e, name, and address	of each pe	rson being added
MGR = Man AMBR = Autl	ager norized Member					
<u>Title</u>	<u>Name</u>		Address	į.	<u>"</u>	Type of Action
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Filing Fee: \$25.00