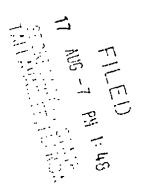
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(Requestor's Name)
(Address)
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(Business Entity Name)
(Danisa Nijerba)
(Document Number)
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Registration Section Division of Corporations

MCG Reals	y, LLC			
	Name of Lim	ted Liability Company		
Γhe enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Rhonda R Martin			
	···································	Name of Person		
	MCG Realty, LLC			
	Approximate the second	Firm/Company		
	1929 Grove Bluff Circle E			
		Address		
	St Johns, Fl 32259			
		City/State and Zip Code		
	mcgrealty@gmail.com			
		o be used for future annual report notifi	ication)	70.7
For further information c	concerning this matter, please ca	dh:		
Rhonda R Martin		904- 962-9660 at ()		高一百二
Name o	of Person	Area Code Daytime	Telephone Number	TED LED
Enclosed is a check for the	he following amount:			1
■ \$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 State Certified Copy (additional copy is end	us &
	ING ADDRESS: ration Section	STREET/COURII Registration Section		
Divisio	on of Corporations ox 6327	Division of Corpora Clifton Building		
	assee, FL 32314	2661 Executive Cer	nter Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCG Realty, 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 $\frac{8/03/2017}{1}$ lorida document number L17000166124 his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City vew Registered Agent's Signature, if changing Registered Agent: 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 peing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

1GR = Manager

MBR = Authorized Member

<u>`itle</u>	<u>Name</u>	Address	Type of Action
\R	Ronald D Martin	1929 Grove Bluff Circle E	D Add
		St Johns, Fl 32259	■ Remove
			□ Change
			☐ Remove
	I		□ Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
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	8/04/2017		
ective date, if other than t	the date of filing:		optional)
te: If the date instead, the date in	must be specific and cannot be prior to desible does not meet the applicable	are of filing of more than 90 days statutory filing requirement	s, this date will not be listed a
	Department of State's records.		106
record specifies a delay	yed effective date, but not a	n effective time, at 12:	01 a.m. on the earlier
he 90th day after the r	ecord is filed.		
	2015		
ed August 4			1 48
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Khon	Signature of a member of authorize	m	

Page 3 of 3

Filing Fee: \$25.00