## L17000219815

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u></u>

Office Use Only



100369288011

07/09/21--01016--010 \*\*\*25.00

FILED

1021 JUL -9 PM 3: 07

SECRETARY OF STATE
TALL AHASSEE FI

1000

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT:			Estate CCC
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		hael Ruso Name of Person	
	MCRR	Peal EState Firm/Company	SECRETARY OF STATE TWILL AND SEE. FL
	7912 Sun	nmer lake Poin	te Bludssee.
	Winter G	City/State and Zip Code	787 PAR S
		to be used for future annual report not	
For further information c	oncerning this matter, please c		incation
Michael	RUSO	at ( <u>407</u> ) <u>44</u> Area Code Daytin	3-9193
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
\$25,00 Filing Fee	S30.00 Fiting Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Se	
Division of C P.O. Box 632		Division of Con The Centre of T	

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCR REAL ESTATE LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 10/24/2017	and assigned
Florida document number L17000219815		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Michael Ruso LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	the above viated "L.I.,C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDI	RESS)	
		SSO P M
		EFST 3.
Enter new mailing address, if applicable:		- F- 08
(Mailing address MAY BE A POST OFFICE BOX)		
D. If annual in the state of th		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	name of the new registere
<del></del>		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
<del></del>	City	Zip Code

## 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 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
			□Add
			ПRелюче
			Change
			Remove  7021 JUL - 9 PM 3: 08  SECRETARY OF STATE  TALL AHASSEE FL  Remove
			Fig. 3 □ Add
			□ Change
			□Add
			Петоve
			□Change
	<del></del>		
			☐Remove
			□Chunge
		-	□Remove
			□ Change

		<del></del>			_	
<del></del>	<u> </u>					<del></del>
<del></del>				<u> </u>		<del></del>
		-				
		<del></del>			<del></del>	
				. ,		
	<u></u>					
					A	2021 SEC/
		<del>_</del>	·			I JUL
			· · · · · · · · · · · · · · · · · · ·		- <del> </del>	1 0 F
		_ <del>_</del> .			LASSEE, FI	
		<del></del>			1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	3 0
					3.1.	08
		<del></del> -				
ective date, if oth	er than the date of	filing:			(optional)	
effective date is listo	d, the date must be speci ted in this block does	ific and cannot be pri-	or to date of filing	or more than 90 day	s after filing.) Pursu	ant to 605.020°
ument's effective of	late on the Departme	nt of State's record	ls.	mig requirement	is. ans date will the	or be fisied as
cord specifies a del s filed.	ayed effective date, b	ut not an effective	time, at 12:01 a	m, on the earlier	of: (b) The 90th	day after the
	<b>~</b> .					
ed 7. 1.	21					
		·	<u></u>			
- <u>-</u> -				<u></u>		
	Signatur	e of a member or aut	thorized representa	itive of a member		