118000004632

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COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: AA	1426 LLC Name of Limi	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspor	ndence concerning this matter	to the following:			
	Marques	A Johnson Name of Person			
		Firm/Company			
	12031 SW 76th	Address			
	Mira mar, FL	33075 City/State and Zip Code 26 CUC (1) 9 Mail 10 m to be used for future annual report notif			
	MASH— MAS 14 E-mail address: (i	126 LUC (6) 9 Mail	ication)		
For further information co	ncerning this matter, please ca				
Margul A Johnson Name of Person		at (S)3 Area Code Area Code Daytime Telephone Number			
Enclosed is a check for the	e following amount:				
\$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

MAJ Hale LL	.C	
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LIY0000 4632</u> .	were filed on 1/05/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company " the decimation "I I C" or the	hhraviotion "L. C."
	my Company, the designation 1.1.C of the a	contestation L.E.C.
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		; ; ; ;
		<u> </u>
		ω
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		, 0
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		the name of the ne
New Registered Office Address:		
The magnifical control radices.	Enter Florida street address	
	Florida	
	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member **Type of Action Title** Name <u>Address</u> 12031 SW 26th Street

Mira May , £ L 33025 □ Remo Marques A Johnson AMBR □ Remove _□ Change _□ Remove _____ Change □ Add □ Remove _□ Change _□ Add _□ Remove _____ Change ζ_ □ Remove ☐ Ghange ' □ Ædd ☐ Remove

_____ Change

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ctive date, if other that effective date is listed, the da	n the date of filin te must be specific an	g: d cannot be prior to dat	e of filing or more than 9	(optional) O days after filing) 2.) Pursuant to 6	505.02
If the date inserted in t iment's effective date on	his block does not r	meet the applicable s				
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Filing Fee: \$25.00