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1-LC AMEND 04/24/19

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Florida Lata Name of Limi	et d MAVK Real Company	ty, 11C
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
) i Ame	SCHA FFENL Name of Person	
	Florida	LANDAHK K Finn/Company	CALTY
		Address Ch	
	Much	erry FL 33	860
	E-mail address: (1	ery FL 33. City/State and 7.ip Code Anco Mulberry to be used for future annual report notif	SA. Coul
For further information of	oncerning this matter, please ca		
1). Hou	Sch4-FR	863 - 26 at () Area Code Daytime	7-8673
Name o	n' Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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)

MAHLING 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

Florida L	Hord MANK	Reacty	166	
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on ed Liability Company)	our records.		
The Articles of Organization for this Limited Liability Compa Florida document number <u>4/9000667</u> 9	ny were filed on $_{_{_{_{_{_{_{_{_{_{_{_{_{_{_{_{_{_{_{$	/8/19	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:			
	·			
The new name must be distinguishable and contain the words "Limited Li	ability Company," the design	nation "LLC" or the a	obreviation "L.L.C."	— <u>`</u> .
Enter new principal offices address, if applicable:		·	SF: 23	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>			
			<u> </u>	جمعة محمد — با م
			4-P ASS	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		·······		
			! '' 	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l	l office address on ou here:	r records, <u>enter</u>	the name of th	e new
Name of New Registered Agent:	. <u> </u>			
New Registered Office Address:	Enter Florida	etraat address		
	isner Piorida			
	City	, Florida	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Aut	horized Member		
Title	Name (Address	Type of Action
MGR	DIANE Schaffer	<u> </u>	🖰 Add
			□ Remove
			Change
MGR	Frederick House	· <u>S</u>	Add
			Remove
			☐ Change
AMBR	Fredericks Wou	(<u>v</u>	@ Add
			Remove
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AMBR	2) iAne I Schol	AFUL	₩ Kemove
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<u>ete:</u> If the date i	other than the dat listed, the date must be nserted in this block we date on the Depar	does not meet the	applicable statut	ory filing requiren	ients, this date will	suant to 605.020 not be listed a
record speci The 90th day	fies a delayed ef after the record	fective date, b is filed.	out not an effe	ective time, at	12:01 a.m. on	the earlier o
ted		4/23/19	· · ·			
	XVC					
	Sign	nature of a pleinber	or authorized repre	sentative of a memb	er	

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Filing Fee: \$25.00