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COVER LETTER

Division of Corp	porations	_	
SUBJECT: MMA	MARA Property:	s LLC	
·	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Eria N	Name of Person	<u></u>
	MCNAMA	va Properties L	_LC
		Firm/Company	
	4all Rough	a PLAN Hail CA	1
•	1011 PHYSNO	ne BLVD, Unit 50	
	•	Addiess	
	Tan	OPA FL 336// City/State and Zip Code	
	EGeisp	o be beed for future annual report noti	
	E-mail address: (t	o be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	ill:	
- · · · · · · · · · · · · · · · · · · ·	M. 1	~!/ 7N-	7 4/01
Eng M	JUANARA	at (516) 70 Area Code Daytim	1-1621
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
- V223.00 1 IIIII g 1 00	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

MNAMARA PO	opertys LLC	
(A Florida L.	Company as it now appears on our remitted Liability Company)	coras.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L19000141512</u>	npany were filed on $\frac{5/28}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite MCNAMOR Properties	LLC	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRE	SS)	<u> </u>
Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address		ords, enter the name of the n
Name of New Registered Agent:	А	
New Registered Office Address:	0 . (2 .)	
	Enter Florida street ad	aress
	City	, Florida
New Registered Agent's Signature, if changing Registered A	•	гф сом

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 addor removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
			Change

	
	
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Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
Dated	June 12th 2019.
	CAACILO
	organists of a member of authorized representative of a member
	Erica McNamara

Page 3 of 3

Filing Fee: \$25.00