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BEU 1 0 2023

COVER LETTER

Registration Section Division of Corporations

TO:

Nanny's Pr	operty LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub	•	2023 NOV 27 LULAHASSES
	Carolyn Lucas		
		Name of Person	AH 9: 22 CF STAIL REPORTATION ELECTROPIO
	M3C Properites LLC		
		Firm/Company	
	P O BOX 622101		
		Address	
	Orlando FL 32862		
	 	City/State and Zip Code	
	mlucas8142@aol.com		
	E-mail address: (to be used for future annual report notification	on)
For further information of	oncerning this matter, please c	all:	
Marilyn Lucas		407 730-1332 at ()	
Name o	of Person	Area Code Daytime Tele	ephone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 1 Division of C P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corpora The Centre of Tallal 2415 N. Monroe Str	itions hassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TALLAHASSESTEL TALLAHASSESTEL	2023 NOV 27	
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독통제	22	

Nanny's Property LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	``#` N
The Articles of Organization for this Limited Liability Company were filed or Florida document number L19000 14 55 68	and assigned
Piorida document tiumber	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	<u>y here</u> :
Carolyn Lucas LLC	
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
·	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on or	ur records, <u>enter the name of the new registero</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address:	r Florida street address
New Registered Office Address:	Florida street address, Florida

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			Change
			□Add
			Remove Remove Remove Remove Remove Remove Remove Remove Remove
			Livinge T
			SEE FLORING DRUNOVE
			Change
			□Add
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Effective date, if other than to (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	must be specific and block does not a	d cannot be prior t meet the applica	to date of filing or mo		tiling.) Pursu	
the record specifies a delayed effect cord is filed.	ctive date, but no	t an effective tir	ne, at 12:01 a.m. o	n the earlier of: (b) The 90th	day after the
November 20		2023				
Dated November 20.						

Filing Fee: \$25.00

Typed or printed name of signee