L19 000 306 206

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

Office Use Only



000434170960

08/16/24--01020--004 **25.00

COVER LETTER

of Limited Liability Company re submitted for filing. natter to the following:
re submitted for filing.
•
natter to the following:
Name of Person
Firm/Company
ve, Suite 900
Address
City/State and Zip Code
services.com ress: (to be used for future annual report notification)
ase call:
410 321-4677
at () Area Code Daytime Telephone Number
S55.00 Filing Fee & S60.00 Filing Fee. US Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCNAI HOLDINGS LLC			
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L19000306206	were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
MCNAI PROPERTY MANAGEMENT LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity 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:	<u></u>	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
		<u> </u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter th</u>	e name of the new register	
•			
New Registered Office Address:	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 agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and provided for in Chapter 605, F.,	I am familiar with and S. Or, if this document is	

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 = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			
			□Aċd
			□Remove
			□Add
			□Remove

_____ DChange

_							
_					<u></u>		
_			.				
_							
							
_				 -			
_							
					_		
_				<u></u>			
_							
							
_					<u>-</u>		
_							<u> </u>
_							
_		<u> </u>		<u></u> .			
_							
lf an effec <u>Note:</u> 1:	ctive date is listed f the date inser	er than the date i, the date must be sp ted in this block d ate on the Departr	ecific and cannot be oes not meet the a	pplicable statutor	ig or more than 90 day	(optional) is after filing.) Pursuan its, this date will not	t to 605,0207 (be listed as t
rd is file	d.		, but not an effect	ive time, at 12:01	a.m. on the earlier	of: (b) The 90th da	ay after the
Dated _	Aug	ust 7	7 70	24.			
			1				

Typed or printed name of signee