## 120000032873

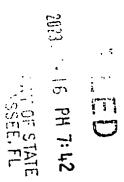
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Special Instructions to	Filing Officer:	
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Office Use Only



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06/16/23--01014--018 \*\*25.00



R. HUNT 06/16/23

## **COVER LETTER**

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TO:

Registration Section Division of Corporations

	PROPERTIES, LLC			
SUBJECT:	Name of Lir	nited Liability Company		
The enclosed Article	es of Amendment and fee(s) are sul	bmitted for filing.		
Please return all con	respondence concerning this matter	r to the following:		
	COLLEEN SKEFFINGTO	ON		رب. د
		Name of Person		- آب د ا
	MSCS PROPERTIES, LI	.C		المدادة المداد المستقدم المدادة المدا
	<del></del>	Firm/Company	······································	一篇 5
	9091 SW 83RD AVE UN	IT B		PH 7: 42
		Address		TAT AT
	OCALA, FL 34481			m
		City/State and Zip Code		<del>-</del>
	colleenskeffingtonrealtor@	<del>-</del>		
	E-mail address:	(to be used for future annual report notif	ication)	
For further informat	ion concerning this matter, please	call: 802 349	8771	
COLLEEN SKEFF	INGTON	8 <del>03</del> 2498717 at ( )	0 , , ,	
Ne	ame of Person		Telephone Number	r
Enclosed is a check	for the following amount:			
■ \$25.00 Filing Fi	ee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
Division P.O. Box	ion Section of Corporations	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee c Street, Suite 8	310

## ARTICLES OF AMENDMENT

## TO ARTICLES OF ORGANIZATION OF

MSCS PROPERTIES, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed	on 01/27/2020 and assigned
Florida document number L20000032873	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	<u>ny here</u> :
COLLEEN SKEFFINGTON 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)	SSS P
<u> </u>	Mo -
	LATE FL
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<b>T</b>	
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
	er 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 to 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
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			□Remove
			Change
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