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11/29/22

SECRETARY OF STATE OF

218123 VW

## COVERLETTER

Registration Section

TO:

Division of C	Corporations						
	1 Rental Investments LLC						
SUBJECT:	Name of Lim	ited Liability Company	<del></del>				
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.					
Please return all corres	spondence concerning this matter	to the following:					
	Nancy Ortiz						
		Name of Person					
	Macalian Rental Investme	nts LLC.	notification)				
	Macalian Rental Investments LLC.  Firm/Company						
	100 South Pointe Drive, S	uite 2702					
	Address						
	Miami Beach, FL, 33139						
	City/State and Zip Code						
	nancyggi@live.com						
		to be used for future annual report i	notification)				
For further informatio	n concerning this matter, please c	ali:					
Nancy Ortiz		954 632-6670 at()_					
Nam	e of Person	Area Code Day	time Telephone Number				
Enclosed is a check fo	r the 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)				
<u>Mailing Add</u> Registratio	n Section	Street Address Registration	Section				
Division of P.O. Box 6	Corporations		Division of Corporations The Centre of Tallahassee				
	527 2. FL 32314		roe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Macallan Rental Investments LLC. (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/11/2020 and assigned Florida document number 1.20000054290 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) ထု B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_ City 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
MGR	Nancy Ortiz Revocable Trust	100 S. Pointe Drive.suite 2702, Miami Bch. FL. 33	139 Add
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MGR	Nancy Ortiz		
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If an effe Note:		date must be specific this block does r	c and cannot be pric not meet the appli	cable statutory fili		nal) iling.) Pursuant to 605,0207 ( date will not be listed as t
ne record ord is file	-	effective date, but	not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated_	November 21st		2022			
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Filing Fee: \$25.00