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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Mark Max Name of Lim	Kacious Realty	Servicelle
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for tiling.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mark	Mankacious Name of Person	
	Mack Mo	unkarious Realty ?	secure, LLC
	1701 Mican	Tayy and Address	2028 AUG
		FL 33133 City/State and Zip Code	PILED PH 2: 1
Was firsthus information of	E-mail address: (to be used for future annual reportsour	cation)
, continuer information e		wi.	
Mark Hay	nkarlous f Person	at (<u>949</u>) <u>\$66</u> Area Code Daytime	-5155 (anytim) Telephone Number
Enclosed is a check for the	he 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)
Mailing Address Registration S		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Corp The Centre of T	
P.O. Box 632 Tallahassee,			atianassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mark Mankarlogs Kealt (Name of the Limited Liabil	MCOmpany as it now appe	ears on our records)	
(A Florid	ity Company as it now appe a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on _	06-152-2	and assigned
Morida document number <u>85 - 1422532</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company l	<u>here</u> :	
Mankacious Real The new name must be distinguishable and contain the words "Lin	Estate LLC nited Liability Company," the	designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)	7>	1028 AUG
		ري. اي.	
Entar pay mailing address if a stickly		ر ب ب	24
Enter new mailing address, if applicable:			7 P 13
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			<u>定</u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our	records, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
		, Florida _	Zip Code
	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 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 added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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te: If the date inserted in this block d	loes not meet the applic	cable statutory filing	requirements, thi	s date will	not be lis	sted as
cument's effective date on the Departi	ment of State's records	š.				
ecord specifies a delayed effective date	e, but not an effective t	time, at 12:01 a.m. or	n the earlier of: (b	i) The 90	th day aft	ter the
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red Tuesday Aug. 18	2020. Mul Marke	·				