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COVER LETTER

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Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

TO: Registration Section Division of Corporations			
subject: Realtov fov	A. Cau Name of Limi	ISC - Megan Pec ited Liability Company	il, LLC
The enclosed Articles of Amendment an	d fee(s) are subi	mitted for filing.	
Please return all correspondence concern	ing this matter	to the following:	
<u> </u>	gan_	Peel Name of Person	
Real	tor for	ra Cause- Mca Firm/Company	gan Pcel, LLC
398	2 Chica	ova Wood Plac	2020 AUG 27
Jad	LSONVIII	le FL 32274 Clty/State and Zip Code	
For further information concerning this		to be used (for) future annual report notif	PH 2: 24 Fication) Figure 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
A A 50	natter, piease ca	an.	7
Name of Person		at (<u>MDH</u>) <u>360</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the following an	ount:		
S25.00 Filing Fee S30.00 F Certific	ling Fee & ate 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 Section		Street Address: Registration Sec	ction

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Realtor for a Co (Name of the Limited Liability Co (A Florida Limi	MCC-Megan Pecl, LLC. mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{L2000211591}{L2000211591}$.	any were filed on 7/20/200 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited Megay Pecl - RealtDy L The new name/must be distinguishable and contain the words "Limited I.	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	2028
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AUG 27 PH 2:
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida Zin Coda
	City Zin Coda

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 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
			□Add
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Filing Fee: \$25.00