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(R	requestor's Name)
(A	ddress)
(A	ddress)
(C	city/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	Business Entity Name)
(D	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	p Filing Officer:

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
•	perties, LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael J. Buckland		
		Name of Person	
		Firm/Company	<u> </u>
	160 Village Blvd, Unit B		
		Address	
	Tequesta, FL, 33469		
	Mikebuckland09@gmail.co	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifica	tion)
For further information c	oncerning this matter, please co	all:	7.0
Colby J. Kempe, Esq.		561 747-7300 at ()	7621 CC
Name o	f Person	Area Code Daytime To	elephone Number
Enclosed is a check for th	ne following amount:		- 3 12 - m 3 5 - m
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MBNR Properties, LLC			
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on Sep	otember 16, 2020 a	nd assigned
Torida document number H200003215823			
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company he	<u>rre</u> :	
MJB Investment Properties, LLC			
he new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OF FICE			
William Control of the Control of the	<u></u>		
			
B. If amending the registered agent and/or	registered office address on our re	ecords, enter the name of the	he new register
agent and/or the new registered office addr		· · · · · · · · · · · · · · · · · · ·	ري دع
		i i i i i i i i i i i i i i i i i i i	<u></u>
Name of New Registered Agent:	Michael J. Buckland	<u></u>	
New Registered Office Address:	160 Village Blvd, Unit B	: :	<u>.</u>
	Enter Flor	ida street address	10 F
	Tequesta	, Florida 33469	
	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, 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>	<u>Address</u>	Type of Action
AMBR	Nicolette Renbarger	225 Beach Road #405	□Add
		Tequesta, FL 33469	■Remove
			□Change
			□ Add
			□Remove
			□Change
	-		□Add
			□Remove
			☐Change
			□ Add
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Filing Fee: \$25.00