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COVER LETTER

Registration Section

TO:

Division of Cor	porations			
SUBJECT:	MC INFERIT	Y REAL TY	LLC	
	Amendment and fee(s) are sub	_		
Please return all correspo	ndence concerning this matter	to the following:		
		Chacl Consumer of Person Pegrify REPI Firm/Company	abrerg	
	MC /nt	egrity REPI	Hy LLC	20
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	High	Address Cah FL 3 City/State and Zip Code	30/3	T PH 2
	E-mail address: (acl Cabrera to be used for future annual	g O KW. CON	η 25
For further information co	oncerning this matter, please c	all:		
Micha Name of	el Cabrera Person	at (281-9889	
			Daytine receptione realiser	
Enclosed is a check for th	e following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	Certificate (closed) Certified (e of Status &
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations	Division The Cer 2415 N.	ddress: ation Section n of Corporations ntre of Tallahassee . Monroe Street, Suite 81 ssee, FL 32303	0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MC Integrity	REALTY LL	<u> </u>
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our reability Company)	ecords.)
The Articles of Organization for this Limited Liability Company v Florida document number	were filed on $10/2$	2/2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Michael Cabrera	LLC	
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)	NA	
		7.50
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		mo N Sal
		0.5
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ldress on our records, <u>en</u>	ter the name of the new registere
Name of New Registered Agent:	//A	
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida
	Ciţ	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>	Address	Type of Action
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