120000365513

(Requestor's Name)	
(Address)	
(Address)	.,-
(City/State/Zip/Phone #	7)
PICK-UP WAIT	MAIL
(Business Entity Name	·)
(Document Number)	
Certified Copies Certificates o	of Status
Special Instructions to Filing Officer:	4119

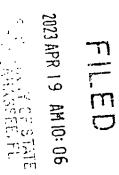
Office Use Only



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02/03/23--01010--021 **25.00

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COVER LETTER

TO:

TO: Registration Section Division of Corp			
SUBJECT: MCLE	od Media:	& Realty LL	<u> </u>
	Name of Limi	ited Liability Company	
The englaced Articles of A	mendment and fee(s) are sub-	mitted for filing	
	·	·	
rrease return all correspon	dence concerning this matter	to the following.	
		Oliver McLeo Name of Person	<u>d</u>
	McLeo	d Media & Re Firm/Company	ealty LLC
	<u>4601 Sa</u>	ndcastle Cin	
	St Augu	Stine, FL 32 City/State and Zip Code	1084
	Ol; @ mc	leadnine . tean	n
For further information co	ncerning this matter, please ca	all:	
	McLeod	at (904) 698 -	1105
Name of	Person	Area Code Dayun	ne Telephone Number
Enclosed is a check for the	e following amount:		
S \$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 Revistration S		Street Address: Registration Se	ection
Registration Section Division of Corporations		Division of Co	rporations
P.O. Box 6327 Tallahassee, F		The Centre of 2415 N. Monre	Tallahassee be Street, Suite 810
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Tallahassee, FL 32303



April 6, 2023

OLIVER MCLEOD 4601 SANDCASTLE CIR ST. AUGUSTINE, FL 32084 US

SUBJECT: MCLEOD MEDIA & REALTY LLC

Ref. Number: L20000365513

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

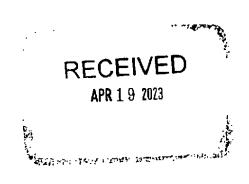
Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 223A00007814

Vonterica S Williams REGULATORY SPECIALIST II



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

McLeod Medic	a & Realty LLC			
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)			
The Articles of Organization for this Limited Liability Company were filed on $\frac{11}{18}$ $\frac{18}{2020}$ and assigned Florida document number $\frac{L2000365513}{L2020}$.				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability McLeod Nine LLC	company here:			
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	2023 APR			
Enter new mailing address, if applicable:	<u> </u>			
(Mailing address MAY BE A POST OFFICE BOX)	A MONSTER D			
	06			
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ress on our records, <u>enter the name of the new registered</u>			
and the same state of the same				
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	Florida			

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.

City

Zip Code

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
			
			Remove
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			□Add
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			□Remove
			□Change

D. If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
 	
	
	
 	
(If an effective date is Note: If the date i	other than the date of filing:(optional) listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(1) inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the live date on the Department of State's records.
If the record specifies a record is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Apr	<u>ril 15 2023</u>
	Signature of a member or authorized representative of a member
	Oliver McLeod
	Typed or printed name of signee