Florida Department of State

Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE MACALESTER GROVELAND GROUP, LLC

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C. BRUMBLEY
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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Macalester Groveland Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 12/14/20	and assigne	d		
Florida document number L20000390375		8	17		
This amendment is submitted to amend the following:		Sand NOV 30	ILED		
A. If amending name, enter the new name of the limited liabil	lity company here:	AMII: SSEE.	D		
		T 1951			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C.	••		
Enter new principal offices address, if applicable:	5865 Neal Ave N				
(Principal office address MUST BE A STREET ADDRESS)	#265				
[Trincipal office address the ST BE IT STREET TIPE RESSET	Stillwater, MN 55082				
D	5865 Neal Ave N				
Enter new mailing address, if applicable:	#265				
(Mailing address MAY BE A POST OFFICE BOX)	Stillwater, MN 55082				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:		ame of the new re	gistered		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:		ame of the new re	gistered		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the n		gistered		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter the n</u>		gistered		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the name of t		gistered		

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Change
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record specifies a delayed effective dat is filed.	e, but not an effective	time, at 12:01 a.m. o	on the earlier of: (b)	The 90th day after the
November 30	2022	<u>. </u>		
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Filing Fee: \$25.00