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CAPITAL CO	ONNECTION, IN	C.	**		•
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50) 224-8870 • 1-80	0-342-8062 • Fax (850) 223	2-1222			
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COVER LETTER

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

	Facility, LLC	•	
SUBJECT:	Name of Limi	ted Liability Company	
	of Amendment and fee(s) are sub-		
Please return all corres	pondence concerning this matter	to the following:	
	Bart Scovill, Esquire		
		Name of Person	
	Bart Scovill, PLC		
		Firm/Company	
	2480 Fruitville Road,	Suite 10	
	···	Address	·
	Sarasota, FL 34237		
		City/State and Zip Code	
	Bettina@scovills.cor		
		to be used for future annual report notif	ication)
For further informatio	n concerning this matter, please c	all:	
Bart Scovill		941 365-2253 at ()	
Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u> Registratio		Street Address: Registration Sec	ction
	f Corporations	Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ML Facility, LLC

(Name of the Limited Liability Compar (A Florida Limited L	i <mark>y as it now app</mark> lability Company	ears on our records.) y)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on _	February 9, 2021	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," th	ne designation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:			, _, _,
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
			,
			الم المست
Enter new mailing address, if applicable:	 .		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
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 ou	r records, <u>enter the name</u>	of the new registered
New Registered Office Address:			
	Enter I	Florida street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent;	•		zip code
I hereby accept the appointment as registered agent and agraprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in th performance provided for i	of my duties, and I am fa in Chapter 605, F.S. Or, i	miliar with and fithis document is

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
MGR	SVEN MILBERG	12016 Matlacha Blvd.	= Add
		Cape Coral, FL 33991	□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
		 	□Add
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			□Change
			□Add
			Remove
			□Change

n amending any other informati	ion, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this blo document's effective date on the Defective date on the Defective date.	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 lock does not meet the applicable statutory filing requirements, this date will not be listed a
ne record specifies a delayed effectivord is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
February 16	2021
Dated	35/
	Simple of a second seco
	Signstare of a member or authorized representative of a member
	Bart Scovill

Filing Fee: \$25.00