Division of Corporations Electronic Filing Cover Sheet

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Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 : (561)694-8107 Phone Fax Number : (561)214-8442

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

Email	Address:	 	 _

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MACK PROPERTY MANAGEMENT, LLC

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Estimated Charge	\$25.00

AUG 2 6 2021

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mack Property Management, LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as It now appears on our red d Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compa	ny were filed on 04/01/2021	and assigned
Florida document number L21000151246		1810 1810 1918
This amendment is submitted to amend the following:		TANG 25
A. If amending name, enter the new name of the limited li	ability company here:	a a a a a a a a a a a a a a a a a a a
Mack Property, LLC		RPORAL RPORAL
The new name must be distinguishable and contain the words "Limited Lie	ability 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	Uress
		, Florida
	Ciţv	Zip Code
Name Dominious of America Signature if changing Registered Age	nt.	

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 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>	Name	Address	Type of Action
			□Add
			Remove
			□Add
			Remove
			Change
			□Add
			□Remove
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Tective date, if other than the date of filing: m effective date is listed, the date must be specific and cannot be prior to date.	(optional) e of filing or more than 90 days after filing.) Pursuant to 605.0207
ote: If the date inserted in this block does not meet the applicable socument's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
•	
record specifies a delayed effective date, but not an effective time, a	t 12:01 a.m. on the earlier of: (b) The 90th day after the
l is filed.	
August 25th 2021	
ated August 25th 2021	
3/	
Signature of a member or authorized	representative of a member