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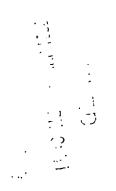
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7/20/21



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: TMcLaughlin Realty LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jamie McLaughlin Name of Person
JMcLaughlin Realty LLC.
48 Winston C. Address
Sairt Johns FL 32259  City/State and Zip Code  jamie molaugh in Ocyahoo. (.om)  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jamie McLaughl Vi at (9174) 334-1217  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$\ S30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

TMcLaughlin	Reality LLC
(Name of the Limited Liability (A Florida l.	Company as it now appears on our records.) .imited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number <u>L210025455</u>	mpany were filed on <u>June 1, 2021</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited To McLaughlin Real The new name must be distinguishabland contain the words "Limited Property of the new name must be distinguishabland contain the words "Limited Property of the new name of the limited Property of the new name of the new name of the limited Property of the new name of the limited Property of the new name of the new	ed liability company here:
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City 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.

City

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
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			□ Remove
			□Change
			□Add
			□Remove
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an effective date  Note: If the date	if other than the date of is listed, the date must be spec e inserted in this block does ctive date on the Departme	ific and cannot be prior to s not meet the applicab	date of filing or more than 9 le statutory filing require	(optional) 0 days after filing.) Pursuant ments, this date will not b	to 605.020 be listed a
record specifies	s a delayed effective date, b	out not an effective tim	e, at 12:01 a.m. on the ea	rlier of: (b) The 90th da	y after the
Dated	11/1/1	. 2021	<u>.</u> •	<u>3</u>	
-	( Jour Mignatur	e of a member of Juthori	zed representative of a mem	ber	— <u>;</u>
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