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## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Se Division of Cor					
centra		FPROPERTIES, LLC				
SUBJEC	L. I :	Name of Lim	nited Liability Company			
		Amendment and fee(s) are sub				
Please re	eturn all correspo	indence concerning this matter	to the following:			
		Jeremy Schwarz				
			Name of Person	-		
Firm/Company						
2931 Rising Star Dr						
		Address				
	Diamond Bar CA 91765					
			City/State and Zip Code			
		etocme@gmail.com	to be used for future annual report notificat	1		
Car forth	in formation of		•	.itur)		
		oncerning this matter, please c				==
Jeremy 5	Schwarz		626 485-4821 at ()		., .,	)21 (
	Name o	f Person	Area Code Daytime Te	lephone Number	:	9021 JUV 25
						ري دي
Enclosed	l is a check for th	ne following amount:				77%
<b>■</b> \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filit Certificate Certified C tadditional co	of Status opy	ယ
	Mailing Addres Registration 5 Division of C	Section	<u>Street Address:</u> Registration Section Division of Corpor			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARCOT PROPERTIES, 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  $\frac{06/22/2021}{1}$ Florida document number \_\_L21000288001 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, 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
AMBR	Marc Jones	4574 Temple Lakes Drive	■Add
		Jacksonville FL 32257	□Remove
			□Change
			□Add
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			□Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is 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)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. June 22nd Dated\_ 2021 Signature of a member or authorized representative of a member Jeremy Schwarz Typed or printed name of signee

Filing Fee: \$25.00