# 121000H7521H

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Nar	me)
(Docur	nent Number)	1
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	

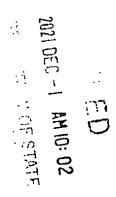
Office Use Only

A. RIVERS DEC 1 5 2021



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### **COVER LETTER**

TO: Registration Solution of Con			
SUBJECT: Mo	LCAE DUE	STMSNTS LL ited Liability Company	.C
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person  NO STATATO  Firm/Company	
	70 WATE	R ST. Address	
	St. Aug.	STINE, FL City/State and Zip Code WCHAN @ HOT	32084
	CHUCK G, Le	ONCHAM @ HOT	MAIL . COM
For further information c	oncerning this matter, please ea	•	nottrication
		at ( <u>904</u> ) 37	7 - 5445 rtime Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 OF

MOLCAL INVES	TMENTS, LLC
( <u>Name of the Limited Li</u> (A FI	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili	ty Company were filed on Nov. 1 2021 and assigned
Florida document number <u>121000473</u>	•
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
The name paper has distinguished, and assist the last	
	'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 AL	ODRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	}
_	
Balf amending the registered agent and/or register	ered office address on our records, enter the name of the new registered
agent and/or the new registered office address her	e:
•	
Name of New Registered Agent:	ILL E. GILLINGHAM.
	Enter Florida street address 2
New Registered Office Address:	Enter Florida street address
	Recorded street address 12 8
<u> </u>	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Regist	ered_Agent:
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an	ent and agree to act in this capacity. I further agree to comply with the disconnected description of the 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.

JChanging 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
AMBR	JILL E. GILLIA	UGHAN 70 WATER ST.	XAdd
MAK	· /.	STI DOUSTINE, FL 3208	<u> </u>
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1/124/21	[([, ,[,	<u> </u>	🗆 Add
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lf an effe <u>Note:</u> [	we date, if other than the date of filing: NOV 29, 2001 (optional) etive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
record d is file	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 ed.
Dated _	11/29/21
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00