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(Requestor's Name)
(Address)
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20. 20. 20. 20.
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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S. ROBERTS

COVER LETTER

то:		istration Sect ision of Corp				
SUBJE	cr.	MLN Realty.				
SUBJE	C 1 .			ited Liability Company		
			mendment and fee(s) are sub	_		
Please re	eturn	all correspond	dence concerning this matter	to the following:		
			Amanda Newton			
				Name of Person	<u> </u>	
			MLN Realty, LLC.			
				Firm/Company		
			2125 Tealwood Circle			
				Address		
			Tavares/FL 32778			
			Mnewton@xcelmg.com	City/State and Zip Code		
			-	to be used for future annual	report notification)	
For furth	ner in	formation cor	ncerning this matter, please ca	all:		
Amanda	a Nev	vton		352 40	08-8010	
		Name of F	Person	Area Code	Daytime Telepho	one Number
Enclosed	d is a	check for the	following amount:			
≅ \$25.	.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mai</u>	ling Address:	ation	Street A	ddress:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ility Company as it now appears on our records. da Limited Liability Company)	
Company were filed on 3/22/2022	and assigned
·············	
nited liability company here:	
mited Liability Company," the designation "LLC"	or the abbreviation "L.IC."
	27.
ORESS)	
	
	Š.
ed office address on our records, enter th	ne name of the new registe
:	
Enter Florida street address	
Flo-	ida
City , Flor	Zip Code
	ed office address on our records, enter the

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 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</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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(If an effective date is Note: If the date i	optional) 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 (a inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
ne record specifies a ord is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated IVay	ch 15 . 2023.
	Ch 15 . 2023 . Manda Numbur Signature of a member or authorized representative of a member
Amand	da Newton
	Typed or printed name of signee