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DEPARTMENT OF STAIL
DIVISION OF CORPORATIONS
DIVISION OF CORPORATIONS

A. PARISHANI AUG - 3 2024

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT

SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:				
		Name of Person	BEPARTMENT OF STATE HYTSION OF CORPORATIONS TALLAHASSEE, FLORID	
		Firm/Company		
		Address		
		City/State and Zip Code		
	E-mail address: (to be used for future annual report notif	fication)	
For further information c	oncerning this matter, please c	all:		
	***	at () Area Code Daytime	e Telephone Number	
Name c	f Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & 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 OF

	29 OF CO
Malcolm Chase Realtor, LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	FLORATE STA
	ATAIL ORIO
The Articles of Organization for this Limited Liability Company were filed on March 29, 2022	and assigned
Florida document number 1.22(00)151266	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Malcolm Chase LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of	r 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)	
(maining dualiess MAT DE AT OST OF FICE DOM	
	
B. If amending the registered agent and/or registered office address on our records, enter th	e 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	
. Flori	ida

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 Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
			Change
			□Add
			□Remove
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		CRAITCH?	□ Add
			□Remove
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ecord specifies a delayed ef is filed.	Tective date, but n	ot an effective	time, at 12:01	a.m. on the ear	lier of: (b)	The 90th	day afte	r the
July 24		2024	<u> </u>					
		2/	Ilm 11					
	Signature of	a member or aut	norized represe	mtative of a memb	et .			