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SCORE TARK OF STATE
SIVISION OF CORPORATIONS
32 APR 21 AM 11: 28

T. MATTHEWS JUN - 6 2022

## **COVER LETTER**

TO: Registration Section

Division of Cor	porations		
MA Billboa	ards LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Marilyn C Armstrong		
		Name of Person	
	MA Billboards LLC		
		Firm/Company	<del></del>
	450829 state road 200		
		Address	ATT 1 - ATT 1
	Callahan, FL 32011		
	-	City/State and Zip Code	<del></del>
	MABillboards@gmail.com	to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	·	
marilyn C Armstrong		904 237-6838	
	f Person	at ()	ime Telephone Number
, vanie o	i i cison	Alea Code Dayt	inte reteptione Number
Enclosed is a check for the	ne 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		Street Address:	· · · · ·
Registration S Division of C		Registration S Division of Co	
P.O. Box 632	•	The Centre of	•
Tallahassee, l	FL 32314		roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO STORE STATE ARTICLES OF ORGANIZATIONS OF 22 APR 21 AM 11: 28

MA Billboards LLC

(Name of the Limited Liah (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number $\frac{1.22000152509}{1.0000152509}$	y Company were filed on 03/2-/2022 and assigned
This amendment is submitted to amend the following:	:
A. If amending name, enter the new name of the li	imited liability company here:
The new name must be distinguishable and contain the words "L	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 ADI	DRESS)
,	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new registe</u> g:
Name of New Registered Agent:	_ <del></del>
New Registered Office Address:	
	Enter Florida street address
<del></del> -	, 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.

If Changing 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
MGR	Marilyn C Armstrong	450829 State Road 200	
		Callahan, FL 32011	□Remove
			Change
			□Add
			Петоче
		<del></del>	
			□Add
			Remove
		<del></del>	□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
		[	Change
			□Remove
			□Change
	- National Association (Control of the Control of t		□Add
			Remove
			□Change

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