## 422000159422

| (Re                       | questor's Name)   |             |
|---------------------------|-------------------|-------------|
|                           |                   |             |
| (Add                      | dress)            |             |
| •                         | ,                 |             |
|                           |                   |             |
| (Add                      | dress)            |             |
|                           |                   |             |
| (Cit                      | y/State/Zip/Phon  | e #)        |
|                           |                   |             |
| PICK-UP                   | MAIT              | MAIL        |
|                           | <del></del>       | _           |
|                           |                   |             |
| (Bu                       | siness Entity Nar | me)         |
|                           |                   |             |
| (Do                       | cument Number)    |             |
|                           |                   |             |
| Cartified Conies          | Cortificator      | e of Status |
| Certified Copies          | _ Certificates    | s or Status |
|                           |                   |             |
| Special Instructions to I | Filing Officer:   |             |
| ,                         | _                 |             |
|                           |                   |             |
|                           |                   |             |
|                           |                   |             |
| ]                         |                   |             |
|                           |                   |             |
|                           |                   |             |
| <u> </u>                  |                   |             |

Office Use Only



600388564506

06/10/22--01007--021 \*\*25.00

2022 JUN 10 PM 2:52

## **COVER LETTER**

|                 | Registration Se<br>Division of Cor |  |   |  |
|-----------------|------------------------------------|--|---|--|
| CHD (EC         |                                    | PROPERTIES AND INVEST                        | TMENTS, LLC   |  |
| SUBJEC          | 1:                                 | Name of Lim                                  | ited Liability Company  |  |
| The enclo       | sed Articles of                    | Amendment and fee(s) are sub                 | omitted for filing.   |  |
| Please ret      | um all correspo                    | ndence concerning this matter                | to the following:   |  |
|                 |                                    | SNADJ  | Y LOVE JOSAPHA  |  |
|                 |                                    |  | Name of Person  |  |
|                 |                                    | MAJESTIC PROPER                              | TIES AND INVESTMENTS, LL  | C  |
|                 |                                    | <del></del>                                  | Firm/Company  |  |
|                 |                                    | 2364 W LAKEWOO                               | DD RD   |  |
|                 |                                    |  | Address   |  |
|                 |                                    | WEST PALM BEA                                | ACH, FL 33406   |  |
|                 |                                    |  | City/State and Zip Code   |  |
|                 |                                    | SNADJYL@YAF                                  |   |  |
| For furthe      | r information c                    | e-mail address: (                            | to be used for future annual report no                              | tification)  |
|                 | LOVE JOSAP                         | ,  | 754 802-8702  |  |
|                 | Name o                             |  | at ()   | ne Telephone Number  |
|                 | , valle o                          | 6.350  | 7.000 COGO  | ne receptione in announce  |
| Enclosed        | is a check for th                  | ne following amount:                         |   |  |
| <b>■</b> \$25.0 | 0 Filing Fee                       | ☐ \$30.00 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 Addres Registration S      |  | <u>Street Address:</u><br>Registration Se                           | ection   |
| I               | Division of C                      | orporations                                  | Division of Co  | orporations  |
|                 | P.O. Box 632<br>Fallahassee, I     |  | The Centre of 2415 N. Monro   | Tallahassee<br>oe Street, Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 10 PM 2: 52

MAJESTIC PROPERTIES AND INVESTMENTS, LLC (Name of the Limited Liability Company as it now appears on our records.):

(A Florida Limited Liability Company) TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on  $\frac{04/04/2022}{1}$ and assigned Florida document number L22000159422 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

## 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 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          | SNADJY LOVE JOSAPHA | 2364 W LAKEWOOD           | □Add            |
|              |                     | WEST PALM BEACH, FL 33406 | □Remove         |
|              |                     |                           | ■Change         |
| AMBR         | HAZELLER DECIME     | 1001 UPLAND RD            | □ Add           |
|              |                     | WEST PALM BEACH, FL 33401 | □Remove         |
|              |                     | <del> </del>              | <b>■</b> Change |
|              |                     |                           |                 |
|              |                     |                           | □ Remove        |
|              |                     |                           |                 |
|              | <del></del>         |                           |                 |
|              |                     |                           | □Remove         |
|              |                     | <del></del>               | □ Change        |
|              |                     | <u> </u>                  |                 |
|              |                     | <del> </del>              | 🗀 Remove        |
|              |                     |                           | □Change         |
|              |                     | <del> </del>              |                 |
|              |                     |                           | Remove          |
|              |                     |                           | □ Change        |

| nd authorized member.   |   |
|---|---|
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   | 202<br>   |
|   | 22 JU   |
|   |   |
|   | HASS P  |
|   | SEE SEE   |
|   | F   |
|   |   |
|   |   |
|   |   |
| ye date, if other than the date of filing:  |   |
| f the date inserted in this block does not meet the applicable<br>nt's effective date on the Department of State's records. | e statutory filing requirements, this date will not be li |
|   |   |
| specifies a delayed effective date, but not an effective time,  | at 12:01 a.m. on the earlier of: (b) The 90th day at      |
| rd.   |   |
| 67.2027   |   |
| $\cdot$   | •   |

Typed or printed name of signee