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To:

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Fax Number : (850)617-6383

From:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 537 MAYAKKA RE LLC

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AUG 1 1 2022

K. Brumbley

COVER LETTER

TO:	Registration Se- Division of Cor			•	6 4	, ,
24177.4	n ca	537 MAY	AKKA RE LLC			
SUBJ	ECT:	Name of Limi	ited Liability Company	-		
The cr	nclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		LOVETTE DOBSON				
			Name of Person			
			Firm/Company		· · · · · · · · · · · · · · · · · · ·	
		17350 STATE HWY 249 S	STE 220			
			Address	_		
		HOUSTON, TX 77064				
			City/State and Zip Code			
		EFILE1234@INCFILE.CO				
		E-mail address; ()	to be used for future annual	report notification	nn)	
For fu	rther information co	oncerning this matter, please ea	ill:			
LOVE	ETTE DOBSON		at () Area Code	888-462-345	53	
	Name of	Person	Area Code	Daytime Tele	phone Number	
Enclos	sed is a check for th	e following amount:				
■ \$3	25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee of Certified Copy (additional copy is enc		Certified	e of Status &

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

5.	37 MAYAKKA RE LLC		
(Nume of the Limited I	iability Company as it now appear: Torida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liabil Florida document number	lity Company were filed on	04/28/2022	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company he	<u>re</u> :	
537 MYAKKA RE LLC			
The new name must be distinguishable and contain the words	"Limited Liability Company," the de	esignation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
B. If amending the registered agent and/or regis		ecords, <u>enter the n</u>	ame of the new registered
			₹6 2
Name of New Registered Agent:			122/ ECO
New Registered Office Address:			AUG AUG
New Registered Villee Fiduress.	Enter Flori	ida street address	PRO ANIC SSEC
-	Citr	, Florida	PS Zullede
New Registered Agent's Signature, if changing Regi			유전 2
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	ind complete performance of e ed agent as provided for in C istered office address, I hereb	my duties, and La hapter 605, F.S. (m familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

8/10/2022 09:10:37 CDT

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
			□Change
			□Add
			□Remove
			□Change
	 		
		***************************************	□Remove
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ffectiv	re date, if other than the dat ctive date is listed, the date must be:	te of filing:	(o	ptional)
an effec	ctive date is listed, the date must be:	specific and cannot be prior to	date of filing or more than 90 days a	fter filing.) Pursuant to 605,0207
	I the date inserted in this block		e statutory filing requirements.	this date will not be listed as t
ocume	nt's effective date on the Depar	unencor state's records.		
	specifies a delayed effective da	te, but not an effective time	, at ±2:01 a.m. on the earlier of	(b) The 90th day after the
l is file	rd.			
ated	AUGUST 9TH	. 2022		
···-··· <u> </u>		·		
	Tand	1	ed representative of a member	
	LUCUICI	<u>luiner</u>		

Filing Fee: \$25.00

Typed or printed name of signee