Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please ** Email Address: .0 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MGMD PROPERTIES LLC Certificate of Status 0 0 Certified Copy 04 Page Count

C. BRUMBLEY

OCT 27 2022

Electronic Filing Menu Corporate Filing Menu

Estimated Charge

Help

\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MGMD Properties LLC			
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company vi Florida document number L22000344853		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
		20	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviàtion "L. 66."	
Enter new principal offices address, if applicable:		*** ** *** *** ***	
(Principal office address MUST BE A STREET ADDRESS)		32 6 L	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		D 6: 55 STATE : FL	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the n</u>	ame of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	Zıp Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete,	e to act in this capacity. I further performance of my duties, and I a	agree to comply with the m 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
AMBR	Maina Gatonye	7901 4th St N STE 300	IX Add
		St. Petersburg, FL 33702	Remove
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If an effective date is Note: If the date i	other than the date listed, the date must be sponserted in this block do we date on the Departm	ecific and cannot be pri nes not meet the appl	icable statutory fili:	nore than 90 days afte	ional) r filing.) Pursuant to 605.0 is date will not be listed	0207 (1 d as th
e record specifics and is filed.	i delayed effective date.	, but not an effective	time, at 12:01 a.m.	on the earlier of: (b) The 90th day after	the
Dated Octobe	r 26		·			
			John			

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Filing Fee: \$25.00