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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Registration Section **Division of Corporations**

MAL HIQ BJECT:	CKORY LLC		
	Name of Limit	ted Liability Company	
e enclosed Articles (of Amendment and fee(s) are subn	nitted for filing.	
case return all corres	pondence concerning this matter t	o the following:	
	K. Matthew Rentz II. Esq.		
		Name of Person	
	Rentz Law Firm P.L.L.C		
		Firm/Company	
	P.O. Box 460		
		Address	
	LaBelle, FL 33975		
		City/State and Zip Code	
	MattRentz@RentzLawFirm.c	com be used for future annual report no	ntification)
For further information	concerning this matter, please on		, incurrent,
Matt Rentz		863 674-1935 at ()	
Name	of Person	Area Code Dayti	ime Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	\$\frac{\$\times \$30.00 \text{ Filing Fee & Certificate of Status}}{\text{Certificate of Status}}	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of		Street Address: Registration S Division of Co	

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAL HICKORY LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2 Articles of Organization for this Limited Liability Company were filed on August 5, 2022 and assigned irida document number L22000346341 is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: ie new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." nter 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 Changing Registered Agent, Signature of New Registered Agent

nending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added emoyed from our records:

R = Manager

iBR = Authorized Member

<u>le</u>	Name	Address	Type of Action
GR LAM HOLDINGS LLC	49 N Industrial Loop	□Add	
		LaBelle, FL 33935	Remove
			□Change
GR L ACEVEDO HOLDINGS LLC	L ACEVEDO HOLDINGS LLC	49 N Industrial Loop	_
		LaBelle, FL 33935	□Remove
			☐ Change
MGR	IGR LMAM HOLDINGS LLC	49 N Industrial Loop	■Add
		LaBelle, FL 33935	□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Remove
			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note: 1	re date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	October 25 2000
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00