## L22000369215

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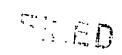
A. BUTLER
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## **COVER LETTER**

	gistration Se vision of Cor				
cup in or		STMENTS LLC			
SUBJECT:		Name of Limi	ited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		CAROLINE MANCINI			
			Name of Person		
		MCI INVESTMENTS LLO	S		
		<u></u>	Firm/Company	<del></del>	
		3460 SW 11TH STREET			
Address  DEERFIELD BEACH FL 33442					
		DEERFIELD BEACH FL	33442	_	
			City/State and Zip Code	<del></del>	
		CAROLNEM@MANCON.	WS to be used for future annual report no	otification)	
For further	information c	oncerning this matter, please ca	·	onite and the	
CAROLIN	E MANCINI	•	954 444-2465 at ( )		
	Name o	f Person		ime Telephone Number	
Enclosed is	a check for th	ne following amount:			
<b>■</b> \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ailing Addres	<del></del>	Street Address: Registration S	Section	
Registration Section Division of Corporations		Division of C	Division of Corporations		
	O. Box 632 allahassee, l		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MCI INVESTMENTS LLC

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 8/22/2022 Florida document number L22000369215 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 City 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>l'itle</u>	<u>Name</u>	Address	Type of Action
AMBR	JEFFREY J MANCINI	3460 SW 11TH STREET	
		DEERFIELD BEACH, FL 33442	Remove
			Change
AMBR	LUKE J MANCINI	3460 SW 11TH STREET	
		DEERFIELD BEACH, FL 33442	□Remove
			□Change
AMBR	ANTHONY J MANCINI	3460 SW LITH STREET	<b>=</b> Add
		DEERFIELD BEACH, FL 33442	Remove
			Change
	•		□Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			Change

		<del></del>
		<del></del> -
		_ <del>_</del>
		<u> </u>
(If an effective da Note: If the d	e, if other than the date of filing:	nt to 605.020° t be listed as
ne record specif ord is filed.	ties a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th of	day after the
Dated	TEMBER 15 2022	
	O. Mulia L	
	Signature of a member or authorized representative of a member	

. .

Filing Fee: \$25.00