## L23000022282

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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023 JUN -7 PM 5: 26 Secretary of Name

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: Mc	Jain Inves	tments LLC	
	Name of the	meed Elaothly Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Romero Name of Person NVestments Firm/Company	
		s berg Pl Address	<del></del>
	Orlando,	FL 32832 City/State and Zip Code	<del></del>
	Michelle. 20 E-mail address:	mero 349 @ gma; 1	. Com
For further information of	concerning this matter, please c		
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
\$\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Division of C	Section	<u>Street Address:</u> Registration Se Division of Cor	
P.O. Box 632 Tallahassee, I		The Centre of T	•
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on ou Hiability Company)	r records.)	
The Articles of Organization for this Limited Liability Compar.  Florida document number 1230000 2228		0 23	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liz	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	bility Company," the designati	ion "LLC" or the abbrev	iation "L.L.C."
(Principal office address MOST BE A STREET ADDRESS)		TAG	~
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		LLAHASSEF.	F -7 -7 -7
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ee address on our record	s, enter the name o	က္က Page new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	reet address	
		, Florida	
	City	<del></del>	Zip Code

## 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
M6R	Blake McClain	11805 Ginsberg Pl, Orlando FL	<b>≱</b> ī∧dd
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			□Change
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ffective date, if other that an effective date is listed, the deote: If the date inserted in the ocument's effective date on	ate must be specific and car this block does not mee	nnot be prior to date of fil t the applicable statute	ing or more than 90 day	(optional) ys after filing.) P ts, this date wi	ursuant to 605.02 Il not be listed :
record specifies a delayed et is filed.	ffective date, but not an	effective time, at 12:0	H a.m. on the earlier	of: (b) The 9	Oth day after th
med 5 11 23					
	Mhicholdh	Man-			

Filing Fee: \$25.00