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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: Registration Division of C			
SUBJECT:	MCM ALLIER	2 E.	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Jessi	CA Read Name of Person	
	·	Firm/Company	
	180 Broa	dmoor Ln	
		Address	
	Rotond	h W, FL 3394	7
	Mana	City/State and Zip Code	/
	E-mail address: ((to be used for future annual report notif	fication)
For further information	concerning this matter, please c	all:	1: 2
<u>Jess</u>	ica Read	at (404) 333.	-9103
Name	e of Person	Area Code Daytime	c Telephone Number
Enclosed is a check for	r the following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addi</u>	ress:	Street Address:	
Registration	n Section	Registration Sec	
Division of P.O. Box 6.	Corporations 327	Division of Cor The Centre of T	
	, FL 32314	2415 N. Monro	e Street, Suite 810

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCMALLUI	RE LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>2/26/23</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3080 N Washing	Itan Blud
(Principal office address MUST BE A STREET ADDRESS)	Sarasta FL 31	1234
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the na	rds, enter the name of the new registered street address Florida Zip Code acity. I further agree to comply with the duties, and I am familiar with and pter 605. F.S. Or, if this document is
		: 1 <u>2</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City	Zip 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 accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I an provided for in Chapter 605, F.S. O	n familiar with and r, if this document is

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>	Name	Address	Type of Action
MGR	Jessica Read	180 Broadmoor Ln	
		180 Broadmoor Ln Rotonda W, FL 339	42 Remove
			EChange
MGR	Imari Adams	180 Broadmoor Ln	□Add
		Rotonda W, FB 3394	17 □Remove
			DChange
			□ Add
		<u></u>	Remove
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Effectiv	e date, if other than the date of filing:	(optiona	al)
If an effec	tive date is listed, the date must be specific and cannot be prior to date of	filing or more than 90 days after fili	ng.) Pursuant to 605.0207
	f the date inserted in this block does not meet the applicable statu nt's effective date on the Department of State's records.	tory ming requirements, this da	ite will not be fisted as
e record	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
rd is file	d.		100
	M 00		
Dated _	11/M 22 2023	Л	1,12 a.s.
		. /	21,
	Signalure of a member or authorized repr	esentative of a member	
			=
		1 / L	<u></u>

Filing Fee: \$25.00