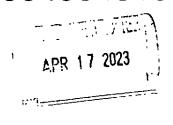
## L23000100373

| (Requestor's Name)                      |
|-----------------------------------------|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| (EDETYE)                                |
| APR 17 2023                             |
| 134.                                    |
|                                         |

Office Use Only



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A. RIVERS
JUN - 3 2023

## **COVER LETTER**

| FO: Registration S<br>Division of Co           |                                              |                                                                     |                                                                                                  |
|------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| * 1 / 13 # # # * * * * * * * * * * * * * * * * | operties, LLC                                |                                                                     |                                                                                                  |
| SUBJECT:                                       | Name of Lin                                  | nited Liability Company                                             |                                                                                                  |
| The enclosed Articles of                       | f Amendment and fee(s) are sub               | omitted for filing.                                                 |                                                                                                  |
| Please return all corresp                      | ondence concerning this matter               | to the following:                                                   |                                                                                                  |
|                                                | Darrah Mage                                  |                                                                     |                                                                                                  |
|                                                |                                              | Name of Person                                                      |                                                                                                  |
|                                                | The Estate, Trust & Elder                    | Law Firm, P.L.                                                      |                                                                                                  |
|                                                |                                              | Firm/Company                                                        |                                                                                                  |
|                                                | 2940 S 25th Street                           |                                                                     |                                                                                                  |
|                                                |                                              | Address                                                             |                                                                                                  |
|                                                | Fort Pierce, FL 34981                        |                                                                     |                                                                                                  |
|                                                |                                              | City/State and Zip Code                                             |                                                                                                  |
|                                                | brademacek@gmail.com                         | to be used for future annual report notific                         | ation                                                                                            |
| For further information                        | concerning this matter, please c             | •                                                                   | attory                                                                                           |
| Darrah Mage                                    |                                              | 772 828-2588                                                        |                                                                                                  |
| Name o                                         | of Person                                    | Area Code Daytime                                                   | Telephone Number                                                                                 |
| Enclosed is a check for t                      | the following amount:                        |                                                                     |                                                                                                  |
| □ \$25.00 Filing Fee                           | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| <u>Mailing Addre</u><br>Registration           | <del></del>                                  | <u>Street Address:</u><br>Registration Secti                        | ion                                                                                              |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Macek Properties, LLC                                                                                   |                                         |             |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------|
| (Name of the Limited Liability Company as it now appears on or<br>(A Florida Limited Liability Company) | ur records.)                            |             |
| The Articles of Organization for this Limited Liability Company were filed on February                  | 24, 2023 and assigned                   | ed          |
| Florida document number L23000100373                                                                    |                                         |             |
| This amendment is submitted to amend the following:                                                     |                                         |             |
| A. If amending name, enter the new name of the limited liability company here:                          |                                         |             |
| CBD Macek Properties, LLC                                                                               |                                         |             |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designat    | tion "LLC" or the abbreviation "L.L.C." |             |
| Enter new principal offices address, if applicable:                                                     |                                         |             |
| (Principal office address MUST BE A STREET ADDRESS)                                                     | ···                                     |             |
| Trincipal office agaress most be A STREET ADDRESS                                                       | <del></del>                             |             |
|                                                                                                         |                                         | <del></del> |
|                                                                                                         |                                         |             |
| Enter new mailing address, if applicable:                                                               |                                         |             |
| (Mailing address MAY BE A POST OFFICE BOX)                                                              |                                         |             |
|                                                                                                         |                                         |             |
|                                                                                                         | 7.0                                     |             |
|                                                                                                         | 0028<br>SEC                             |             |
| B. If amending the registered agent and/or registered office address on our record                      |                                         | gister      |
| agent and/or the new registered office address here:                                                    | 为<br>为<br>之                             |             |
|                                                                                                         | % <u>₹</u> ∞                            | 1           |
| Name of New Registered Agent:                                                                           | With the                                |             |
| Name of New Registered Agent.                                                                           | P <del>1</del> 12:                      | <u> </u>    |
| New Registered Office Address:                                                                          | 2:                                      |             |
| Enter Florida stre                                                                                      | eet address 7.                          |             |
|                                                                                                         | , Florida                               |             |
| City                                                                                                    | Zin 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 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 |
|--------------|------|---------|----------------|
|              |      |         | □Add           |
|              |      |         | □Remove        |
|              |      |         | □ Change       |
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|              |      |         | □Remove        |
|              |      |         | □Change        |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the 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 record is filed. Signature of a member or authorized representative of a member

Filing Fee: \$25.00