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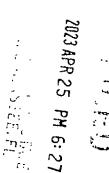
(Req	uestor's Name)	
(Add	ress)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

TO: Registration Division of C					
MFL Pro	perties LLC	•			
	Name of Limited Liability Company				
The analysis Amilia	£4 1				
	of Amendment and fee(s) are su	-			
Please return all corres	pondence concerning this matte	r to the following:			
	Maria Florencia Labella				
		Name of Person			
	MFL Properties LLC				
		Firm Company			
	11058 NW 86th Terr				
		Address			
	Doral, FI 33178				
		City/State and Zip Code			
	mflproperties22@gmail.co	(to be used for future annual report notification)			
for further information	concerning this matter, please c				
Maria Florencia Labella		786 554-8847			
Name of Person		Area Code Daytime Telephone Number			
Inclosed is a check for	the following amount:				
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing I Certified Copy (additional copy is enclosed)	Status & y		
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny as it now appears on our reco	rds.)
4//4/	123
were filed on APRII, 2023' 1	and assigned
ility company here:	
	202
lity Company," the designation "LI	LC" or the abbreviation "L.L.G."
11058 NW 86th Terr	70 mm
Doral, Fl 33178	<u> </u>
	5: 2
	' ;. -
address on our records, ente	er the name of the new regist
<u></u>	
Enter Florida street add	ress
The Francis of Col Game Co.	
	Florida
	Doral, Fl 33178 address on our records, ente

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
			□ ∧dd
			□Remove
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	·		□Add
		 	□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. Dated _April 21 2023 Signature of a member of authorized representative of a member Maria Florencia Labella Typed or printed name of signee