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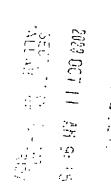
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COVER LETTER

TO: Registration Division of C		•	
SUBJECT: BEDFOR	RD PROPERTIES, LLC		
		nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Joel P Koeppel		
		Name of Person	
	Koeppel Law Group, PA		
		Firm/Company	
	1515 N. Flagler Drive, Su	ite 220	
		Address	
	West Palm Beach, FL 334	01	
		City/State and Zip Code	
	Joel@KoeppelLawGroup.c		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Joel P Koeppel		at (561) 659-6455	
Name	of Person		ne Telephone Number
Enclosed is a check for	the 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 Addr Registration		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Co	
P.O. Box 63	27	The Centre of	
Tallahassee,	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

BEDFORD PROPERTIES, LLC (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 October 2, 2023 ___ and assigned Florida document number <u>L23000454289</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MJP ONE AND ONLY PROPERTIES, LLC 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

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.

, Florida

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
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			□Change
			□Add
			□Remove
			□ Change

Effective date, if other than the date of filing: [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 495.0207 Note: If the date inserted in filing block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective date on the Department of State's records. The effective date and the department of the entire of	,	
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