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COVER LETTER

TO: Registration S Division of Co		v	
	N PROPERTIES, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MICHAEL MALI		
		Name of Person	
	MALI-CON PROPERTIE	S.LLC	
		Firm/Company	
	3050 NE 47TH CT, UNIT	301	
		Address	
	FORT LAUDERDALE, F	L 33308	
		City/State and Zip Code	
	MIKEMALIFL@GMAIL.C	COM to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	·	icanon)
MICHAEL MALI		954 7909770 at ()	
Name o	f Person	Area Code Daytime	· Telephone Number
Enclosed is a check for the	ne 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)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

MALI-CON PROPERTIES, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 11-07-2023	and assigned
Florida document number L23000505941		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
MALI-CONN INVESTMENTS, L.L.C.		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRESS)	·	73 m
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Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
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3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	
	City	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 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
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			□Remove
			©Change
			□Add
			Remove
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<u>e:</u> If the date	inserted in this bl	lock does not m	eet the applic	able statutory	filing requirer	nents, this date	will not be listed
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