L23000514418

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(Document Number)
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: MA	Name of Lim	TATE PROPERTY INVE	stors LLC
	Amendment and fee(s) are sub	-	
	M ARTHA	LEWIS Name of Person	
	4504 SE 1	Firm/Company /4 37. Address	
	Ocala,	Address FL 3447/ City/State and Zip Code	
	E-mail address: (is 8/1 @ InHov.Co.	M (2)
For further information co	oncerning this matter, please ea	all:	`````````````````````````````````````
MARTHA L Name of	EWiS Person	at (<u>352</u>) <u>362 - 27</u> Area Code Daytime Te	702 dephone Number
Enclosed is a check for th	e following amount:		(*)
10-\$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. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	section orporations	Street Address: Registration Section Division of Corpor The Centre of Talk	rations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M AND M REAL ESTATE PROPERTY INVESTORS, 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 Comp	pany were filed on $1/(4/2023)$ and assigned
Florida document number <u>L 23000514418</u> .	/ /
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited I	Jability 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:	1 p. core
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the name of the new registered
Name of New Registered Agent: MAN	thn Lewis
New Registered Office Address: 4504	SE 14 ST · Enter Florida street address
<u>Oca</u>	2+Hn LEWIS 4 SE 14 St. Enter Florida street address (19
New Registered Agent's Signature, if changing Registered Ag	

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 Degistered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
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ote:	ive date, if other than the date of filing:
recor is fi	rd 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 led.
ated	November 4 2024
	Signature of a member or authorized representative of a member
	MARTHA LEWIS Typed or printed name of signee

Filing Fee: \$25.00