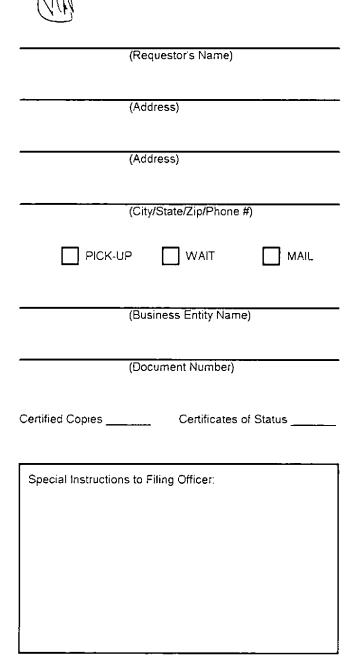
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Office Use Only



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12/19/23--01005--015 **25.00



COVER LETTER

Division of Corporations
SUBJECT: Mr Mister Properties, LLC Name of Limited Liability Company
realite of Emined Editority Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MISHON Name of Person
Mr Mister Properties, LLC
431 Midvale Ter
Sebastian FL 32958 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (772) 713 - 3625 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{25.00}\$ \text{Filing Fee} \square \$\\$30.00\$ \text{Filing Fee & Gertificate of Status} \square \text{Certified Copy (additional copy is enclosed)} \square \text{S60.00 Filing Fee, Certified Copy} \text{Certified Copy}
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	Properties	266			
(Name of the Limited Liability (A Florida	Company as it now appears Limited Liability Company)	on our record	l <u>s.</u>)		
The Articles of Organization for this Limited Liability Co Florida document number <u>L 2 3 000 538</u>	ompany were filed on	12/4/	2023	and ass	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company her	<u>-e</u> :			
The new name must be distinguishable and contain the words "Limi	led Liability Company," the de	signation "LLC	or the abbrevi	iation "L.	L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	ESS)		- (177)	202	
				3 DEC 1	
Enter new mailing address, if applicable:				9	m-
(Mailing address MAY BE A POST OFFICE BOX)			변화 변화	- 1 -	0
				5	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our re	cords, <u>enter</u>	the name of	the nev	v registered
Name of New Registered Agent:					
New Registered Office Address:	Enter Flori	da street addre:	S.Y		
	, Florida				
	City		7	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 '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
MGR	Frances D mister	431 Midvale Ter	
		431 Midvale Ter Sebastian FL 32958	Remove
			Change
MGR	Kris K Mister	431 Midvale Ter Sebastian FL 32958	XAdd
		Sebastian FL 32958	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			Change
			□Add
			□Remove
			Change
			🗆 Add
		*····	□Remove
			Change

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-	
<u>ote:</u> If	e date, if other than the date of filing:
ecord s	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 .
ted	December 14, 2023.
	December 14, 2023. Me Loss Signature of a member or authorized representative of a member
	Typed or printed name of signee

.

Filing Fee: \$25.00