(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	-
(Document Number)	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:		MCC & COMPaited Liability Company	ny LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Lycha	Reid Name of Person	
	Reid A	Hliance & Com	pany LLC
	38	00 NW 37 S	treet
		dale Lakes, F	
	E-mail address: (to be used for future annual report notif	any@gmail.com
For further information co	oncerning this matter, please ca	all:	
Lycha R Name of	Person	at (305) 492 Area Code Daytime	AIQ (p. Telephone Number
Enclosed is a check for th	e following amount:		
₩ \$25.00 Filing Fee	S30.00 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 S Division of Co	Section	Street Address: Registration Sec	
P.O. Box 632		Division of Corp The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Reid AI	lliance & Company L	<u>LC</u>
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) orda Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number		and assigned
This amendment is submitted to amend the following	ŗ.	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words " Enter new principal offices address, if applicable:	Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
•	NDBESS!	
(Principal office address MUST BE A STREET AD		ST 22
	<u> </u>	TI TI
	3>-	2
Enter new mailing address, if applicable:	S	<u>· ω Ι</u>
(Mailing address MAY BE A POST OFFICE BOX)	S	<u> </u>
		5 7
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		.
	Enter Florida street address	
	, Florida	511 - 51 - 1
	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 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
MGR	Christopher M. Reid Sr.	3800 Nw 37 Street, Lauderdale	- ©Add 33309
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			[] Change
		<u> </u>	□Add
			□Remove
			Псъ

(If an effective Note: If the	late, if other than the date of filing:	:07 as t
the record spe ford is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	ıc
Dated	May 18 2024.	
	Signature of a member or authorized representative of a member	