

L24 000030730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

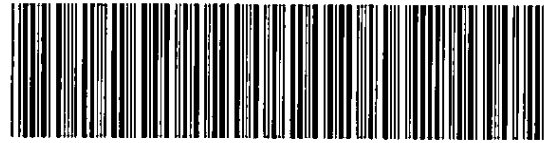
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500422520935

2024 JAN 25 AM 10:07
FL STATE
TALLAHASSEE, FL

RECEIVED

2024 JAN 25 PM 3:07

TALLAHASSEE, FLORIDA

A. HUNT
01/26/24

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: 25.00

AUTHORIZATION SIGNATURE: _____

Mack Realty Ventures, LLC L24000030730

BUSINESS Document

___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait

___ Certified copy of articles

___ Certificate of Status

NEW FILINGS

___ Profit
___ Not for Profit
___ Limited Liability
___ Domestication
___ Other
___ CORP

AMMENDMENTS

X Amendment
___ Resignation of R.A. Officer/Director
___ Change of Registered Agent
___ Dissolution/Withdrawal
___ Merger
___ Conversion

OTHER FILINGS

___ Annual Report
___ Fictitious

REGISTRATION/QUALIFICATIONS

___ Foreign filing
___ Limited Partnership
___ Reinstatement

___ APOSTIL () _____
Country

___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mack Realty Ventures, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ronald Mack

Name of Person

Firm/Company

6960 Grande Vista Way S

Address

South Pasadena, FL 33707

City/State and Zip Code

rmack@bold.legal

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald Mack

720

757-2461

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jack V. Herick	Lassonde Studios 1701 Student Life Way Salt Lake City, UT 84112	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2011 JUN 10 AM 10:08
STATE
SSE, FL

2014 JUN 13 5 AM ID: 08
OFF STATE
SFE, FL

OFF STATE
SEE. FL

(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 605.0207 (3)(b)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee