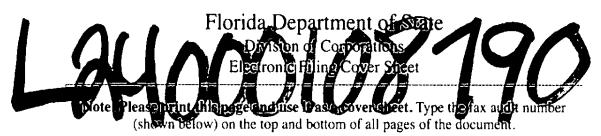
Division of Corporations



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To:

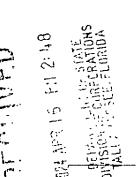
Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1524 NATIANTIC MCPLIC 1524 N ATLANTIC MCP LLC



Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Help

APR 17 2024 T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1524 N Atlantic MC	CP LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number L24000108790	ere filed on03/06/2024	and assigned
This amendment is submitted to amend the following:		5.)
A. If amending name, enter the new name of the limited liabili	ty company here:	2024 AC 3
1524 N Atlantic Ave MCP LLC		= 7
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abb	previation=E.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		. ယ
		•1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am foovided for in Chapter 605, F.S. Or,	imiliar with and If this document is

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>	Address	Type of Action
			□Add
			□ Remove
			☐ Change
			□Remove
			☐ Change
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Mective date, if other than the an effective date is listed, the date miserted in this because it's effective date on the locument's effective date on the	block does not meet the app	plicable statutory filing requiren	(optional) days after filing.) Pursuant to 605.0207 nents, this date will not be listed as
record specifies a delayed effecti d is filed.	ve date, but not an effectiv	ve time, at 12:01 a.m. on the earl	lier of: (b) The 90th day after the
April 16th Dated	2024		
	<u> </u>	uthorized representative of a memb	

Filing Fee: \$25.00

Typed or printed name of signee