L24000 114671

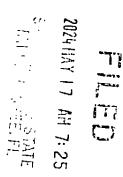
(Reque	estor's Name)	
(Addre	ss)	- · -
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(City/Si	tate/Zip/Phone #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to Filin	ng Officer:	
	 	





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COVER LETTER

TO: Registration S Division of Co			
	RAL 2821 LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspondent	ondence concerning this matter	to the following:	
	CHRISTOPHER A SIERR	A	
		Name of Person	
	CHRISTOPHER A SIERR	A CPA	
		Firm/Company	
	6800 SW 40TH STREET	÷497	
		Address	
	MIAMI, FLORIDA 33155		
		City/State and Zip Code	
	CHRIS.SIERRACPA@GM	AllCOM to be used for future annual report notifica	
For further information of	e-mail address: (·	шоп
CHRISTOPHER A SIE	RRA	786 587-0779 at ()	
Name	of Person	Area Code Daytime To	elephone Number
Enclosed is a check for t	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 Addre Registration		Street Address: Registration Section	on
Division of C	Corporations	Division of Corpo	rations
P.O. Box 63. Tallahassee.		The Centre of Tall 2415 N. Monroe S	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

CAPE CORAL 2821 LLC (Name of the Limited Liability Company as it now appears on our Accords) 17 IN 7:25 The Articles of Organization for this Limited Liability Company were filed on 03/06/2024 This is and assigned Florida document number L24000114671 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 Liability 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: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
AMBR	MCM CENTURY LLC	3800 S OCEAN DR STE G5-D	≣ Add
		HOLLYWOOD, FLORIDA 33019	□Remove
			⊡Change
			□Add
			□Remove
		<u></u>	□Remove
			□Change
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			∐Add
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			□ Change
			□Add
			□ Remove
			□ Change

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mective an effect	e date, if other than the date of filing:
<u>lote:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at t's effective date on the Department of State's records.
ocunci	is effective date of the 15 epartment of state's feevilus.
record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is filed	
	5/07 2024
ated	5/07, 2024. Dah
	Signature of a member or authorized representative of a member

Typed or printed name of signee