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(Re	equestor's Name)	
(Ad	ldress)	
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(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
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Tallahassee, FL 32314

COVER LETTER

SUBJECT:MC	Beach Prop	erties LLC		
.,	Name of Lim	nited Liability Company	•·····································	•
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.		
	ondence concerning this matter			
	Pebara	Name of Person		-
		Firm/Company		-
	191297			
		Roseate Dr. Address		-
	Lutz, F	City/State and Zip Code		-
	delobic E-mail address: (2 goff 6 gm 911. C CY	Vication)	
For further information of	concerning this matter, please c	all:		
Debarch (G OFF of Person	at (813) (010 - Area Code Daytime	8099 e Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Addres		Street Address:		SEGILLE
Registration : Division of C		Registration Sec Division of Cor		<u> </u>
P.O. Box 632		The Centre of T	·	50F 100F

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

.ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MG Beach	Properties LLC				
(Name of the Limited L. (A F	ability Company as it now appears or lorida Limited Liability Company)	our records.)			
The Articles of Organization for this Limited Liabili		acch 7, 2024 and assigned			
This amendment is submitted to amend the followin	g:				
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 desig	nation "L.L.C" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable	:				
(Principal office address MUST BE A STREET A	DDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registated and/or the new registered office address he	tered office address on our reco	rds, enter the name of the new registered			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
_	Circ	, Florida Zip Code			
New Registered Agent's Signature, if changing Regis	City	лр Code			
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this char	gent and agree to act in this cap and complete performance of my ed agent as provided for in Cha astered office address, I hereby c	duties, and I am familia with and pter 605, F.S. Or, if this became neighbors.			

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
MCR	Debarah Goff	19697 Roseate Drive	¥Q∧dd
		Lutz, Fl 33558	□Remove
			Change
			🗆 🗖 Add
			□Remove
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	listed, the date must b nserted in this bloc								
	ve date on the Dep				•				
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record specifies a	delayed effective	date, but not a	an effective t	ime, at 12:01	a.m. on the ear	rlier of: (b)	The 90	2024 AFT	fter the
is filed.	•					- 1		1	(Learn)
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