## L24000118218

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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	vestments LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alissa McIntyre		
		Name of Person	
	<del></del> .	Firm/Company	<del></del>
	405 Tallahassee St.		
		Address	
	Carrabelle, FL 32322		
		City/State and Zip Code	
	amcintyre77@gmail.com	to be used for future annual repor	et noitheation)
For further information c	oncerning this matter, please of		, white and the second
Alissa McIntyre		850 653-689 at ( )	
Name o	f Person	Area Code D	Paytime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy fadditional copy is enclosed)
Mailing Addres		<u>Street Addre</u> Registratio	
Registration Section Division of Corporations		Division of	Corporations
P.O. Box 632			of Tallahassee
Tallahassee,	rt 52314	2410 N. MI	onroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

Mac Pac Investments LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{03/08/2024}{1}$ and assigned Florida document number  $\frac{1.24000118218}{1.24000118218}$ 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 City 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Linda MeIntyre	405 Tallahassee St. Carrabelle, Fl. 32322	<b>=</b> Add
			□Remove
			□Change
			□Remove
			□Change
<u>.</u>			□Add
			□Remove
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			□Add
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			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change

	<u> </u>
	03/02/2024
an ef lote:	(optional) Tective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
reco Lis f	rd 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 field.
ated	April 19 2024. Alissa Milates
	Signature of a member of authorized representative of a member
	Alissa McIntyre
	AMBOOK CHICANITY AND

. . .

Filing Fee: \$25.00