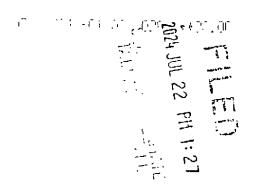
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PIDEC LALIDAS

TALLAHASSÉE, FLORIDA

S.

COVER LETTER

Registration Section

TO:

Division of Cor	porations		
	& Co., LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The anchood Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
	Mary Kate Herlehy		
		Name of Person	
	MaryKate & Co., LLC		
		Firm/Company	
	701 4 111 (7. 001	Tank Company	
	791 Assisi Lane Stc. 801		
		Address	
	Jacksonville. FL 32233		
		City/State and Zip Code	
	mk@marykateco-realty.con	n to be used for future annual report no	titication)
		•	шисация
For further information c	concerning this matter, please c	aii;	
Mary Kate Herlehy		904 303-3003 at ()	
Name o	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	☐ \$60.00 Filing Fee, Certificate of Status &
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
Mailing Address	<u>ss:</u>	Street Address:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations The Centre of Tallahassee	
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	
i ananaosee,	1 L J2J T	Tallahassee, F	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MaryKate & Co., LLC

(Name of the Limited Liability Company as it now appears on our Feedrals 22 PH 1: 27

(A Florida Limited Liability Company)

(********	,		
The Articles of Organization for this Limited Liability Company	y were filed on $\frac{06/0}{2}$	03/2024	and assigned
Florida document number L24000253590			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	oility company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liah	ility Company," the de	signation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Catan and an allian address if annihables			
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 re	cords, enter the i	name of the new register
agent and/or the new registered office address here:			
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:	<u> </u>	da street address	
	Emer r wri	aa sireei naaress	
 		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and ag	ree to act in this c	apacity. I further	agree to comply with t

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 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>	Type of Action
MGR/Pre	Mary Kathleen Herlehy	791 Assisi Lane Unit 801 Jacksonville FL 32233	= Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□Change
	 	 	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
·			□Add
			□Remove
			□Change
			□ n

	nation, enter change(s) here: (Attach additional sheets, if necessary.)	
	nust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 block does not meet the applicable statutory filing requirements, this date will not be listed	
If the record specifies a delayed effect record is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
Dated July19th	2024	
h (a	Signature of a member or authorized representative of a member	
Mary Kathleen Herld	ny	

Typed or printed name of signee