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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Mstell Real Estate, LLC Name of Lin	nited Liability Company		
	f Amendment and fee(s) are sub condence concerning this matter	~		
·	-	Ū		
	Kathleen Di	· · · · · · · · · · · · · · · · · · ·		
		Name of Person		
TAVAS, LLC				
Firm/Company				
3850 N Wilke Road				
Address				
Arlington Heights, IL 60004				
	City/State and Zip Code			
	-	nconcrete.com	• •	
	E-mail address: (to be used for future annual report noti	fication)	
For further information	concerning this matter, please c	all:	5.2	
Kathleen Diedric	ch	at () 595-4176 Area Code Daytim	is a second of the second of t	
Name o	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	the following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ■ Comparison of the control of the c	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration Division of C P.O. Box 63: Tallahassec,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mstell Real Estate, LLC

(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears of ited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Comp. $\frac{L24000325195}{L24000325195}$	any were filed on	7/22/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited l</u> Mstell Properties, LLC	liability company here	:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the design	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	2		- 3
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			- :
		·	1.5
		, ,	
3. If amending the registered agent and/or registered offi- gent and/or the new registered office address here:	ce address on our reco	rds, <u>enter the name</u>	of the new regi
Name of New Registered Agent:			
		_	
New Registered Office Address:	Enter Florida	street address	
		Elouida	
	City	Florida	Zip Code

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
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			□Remove
			Change
			🗆 Add
			□Remove
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be pate: If the date inserted in this block does not meet the apcument's effective date on the Department of State's reco	plicable stati	filing or more than utory filing requir	(optiona 90 days after filir ements, this da	l) 1g.) Pui te will	suant to 605.02 not be listed
ecord specifies a delayed effective date, but not an effectivis filed.	ve time, at 12	2:01 a.m. on the e	arlier of: (b)	l'he 90	th day after th
ted August 15 2024	<u> </u>				
0	00 ()				
Signature of a member or a			-,		

Filing Fee: \$25.00