

L24000399168

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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10/21/24--01008--003 **25.00



COVER LETTER

TO: Registration Sec Division of Corp			
·····	ALL Propertie	es LLC	
SUBJECT:	Name of Limi	ted Liability Company	
		, , ,	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	So	Name of Person	
		Name of Person	
	MCA	LL PROPERTIES L	LC
		Firm/Company	
	2365	Andrews Valley	, DR
		Address	
	Kissim	Andrews Valley Address Mee FL 34 City/State and Zip Code	758
		City/State and Zip Code	
	MIKEB	ELTRAN97@ CMA	il. Com
		o be used for future annual report not	
For further information co	ncerning this matter, please ca	II:	
(° n146	-		-8366
Name of	Person	at (<u>407</u>) <u>960</u> Area Code Daytir	ne Telephone Number
		•	·
Enclosed is a check for the	following amount:		
,	_	T \$55.00 Elling Fee &	C) \$60.00 Eiling Fee
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S		Registration Se	
Division of Co P.O. Box 6327	•	Division of Co The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCALL PROPERT	
(A Florida Limited Limited Limited Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 24666399168</u>	were filed on 9-12-24 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	——————————————————————————————————————
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enier Floridy street address
	, Florida
	City Zip Code

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, 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
MER MANGE	JOSE BELTRAN	2365 Andrews Uplley DR Kissimmee, FL 34758	DAdd
		KISSIMMER, FL 34758	□Remove
			DChange
			DAdd
			□Remove
			DChange
			□Add
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effective date	e is listed, the da	n the date of fil te must be specific	and cannot be price				
		his block does no the Department o			filing requireme	ents, this date wi	II not be listed a
	es a delayed ef	fective date, but i	not an effective	time, at 12:01 a	i.m. on the earlie	er of: (b) The 9	Oth day after the
s filed.							
ed Dc	1 14	2024					
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		2) Signature of	f a membel or aut	nonzeu represent	auve of a member	Г	
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