Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240001304563)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MUSTARD IO LLC

Certificate of Status	0
Certified Copy	1 ,
Page Count	06
Estimated Charge	\$55,00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

APR 1 1 2024

From: Rajiv Srivastava

COVER LETTER

TO: Registration Solivision of Co			
MUSTAR	·		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Anticles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
	 ,	Firm/Company	
	101 N Brand Blvd 11th Fl		
		Address	
	Glendale, CA 91203		
		City/State and Zip Code	الله الله الله الله الله الله الله الله
	info@exoduscreditservices.		
	E-mail address: (t	to be used for future annual report notif	fication)
For further information of	concerning this matter, please ca	all:	
Cheyenne Moseley		800 773-0888 at ()	
Name o	rf Person		e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF AMENDMENT	FILE CONTROL OF THE C
ТО	
ARTICLES OF ORGANIZATION	一般をひ
OF	
MUSTARD IO LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	'%' 'C
The Articles of Organization for this Limited Liability Company were filed on 12/14/2021	and assigned
Florida document number 1.21000525838	
This amendment is submitted to amend the following:	
A If a mondian name agent has now name of the limited liability assumed by	
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	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	1967 W William Stand Stand Standard Sta
	10 Table 17 Table 1 Ta
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OF FICE BOX)	110-110 islanda kill kill 17-19-19-10-10-10-10-10-10-10-10-10-10-10-10-10-
	
B. If amending the registered agent and/or registered office address on our records, en registered agent and/or the new registered office address here:	ter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flori:la street address	
. Florida	

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

To:

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

2024-04-09 18:00.12 PDT

MGR = Manager AMBR = Authorized Member

<u>Title</u> AMBR	Name Jeremie Roberts	Address	Type of Action
		322 Shelton Pl. Aylett, VA 23009	■ Remove
			□ Change
	-principal and the same before the last of the or the control of the same of t		□ Add
			O Remove
			O Change
			□ Add
			☐ Remove
			Change
			Add
			D Remove
			Change
Mildred art skyrinds without	LEURING AND OF GRANISTICS AFRICATION.		(D Add
		**************************************	Велюче
		a suggestive about to the Adda with decision-should stadium a stadium black to the	□ Change

To:

·	····			·		
					~	75
				The Pillings of the State of the consequence of the same of	72	7101 H2R
			· · -			**************************************
						<u> (6年</u> 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Um	<u> </u>					27
						10, 7
						<u> </u>
•						
						
Mective date, if other than an effective date is listed, the date lote: If the date inserted in the ocument's effective date on the	must be specific a is block does not	ind cannot be p timeet the app	dicable statutory	or more than 90 day filing requirement	optional) safter filing.) Pursi s, this date will n	aunt to 605.0207 tot be listed as:
e record specifies a dela The 90th day after the			not an effecti	ve time, at 12:	01 a.m. on th	ne earlier of
		Δa	Δt			
ated APRIL 5		, <u>a/C</u>	<u> </u>			
ated APRIL 5		5	-	lative of a member		

Page 3 of 3