

L24000405986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

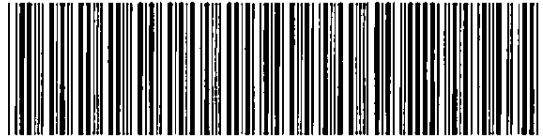
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400449085864

04/22/25--01027--020 **25.00

2025 JUN 17 10:00 AM
S. WATKINS

JUN 17

S. WATKINS

MIMEVO LLC

929 Mackinaw Trail
St. Augustine, FL 32092

03/31/2025

Division of Corporations

Florida Department of State
Registration Section
Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

Subject: Notification of Adding a Member in LLC for MIMEVO LLC

Dear Sir/Madam,

I am writing on behalf of MIMEVO LLC, a Florida limited liability company with filing number L24000405986, to inform the Division of Corporations about a change in the membership of the LLC.

We are amending the current structure of the company to add a new member, transforming the LLC into a partnership. The company's registered agent, business address, and the current member will remain unchanged. Only the addition of the new member is being modified as part of this update.

Attached to this letter, you will find the completed amendment form reflecting the change in membership. Kindly update the records accordingly.

Should you need any further information or documentation, please do not hesitate to contact me at 904-917-9790.

Thank you for your attention to this matter. I look forward to your confirmation of this change.

Sincerely,

Osman Celebi

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIMEVO LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OSMAN CELEBI

Name of Person

Firm/Company

929 MACKINAW TRAIL

Address

ST AUGUSTINE FL 32092

City/State and Zip Code

mimevolle@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OSMAN CELEBI

904 917-9790
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MIMEVO 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 SEPTEMBER 17, 2024 and assigned
Florida document number L24000405986.

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 Florida 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

(If an effective 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 (3)(b)

If the record 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 record is filed.

[Signature]

OSMAN CELEBI

Filing Fee: \$25.00