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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Musmouthies 2 LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Mileidys Medrance Name of Person
MUSMULTHUESZLLC Finn/Company
5620 S Sterling Runch Dr
City/State and Zip Code (1) // (Con o le ya hor Carry) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mank of Person at (786) 417-400 4 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on _ and assigned Florida document number 4140000 78432 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 🗒 🗒 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

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>	Address	Type of Action
AMBR	Orar Melan	1464 SW 971My	Add
		Navie PL 73324	ERemove
			Add
			☐ Remove
			Change
			
		_	Remove
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			Change
			Add
		·	□ Remove
			Change

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Note	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier see 90th day after the record is filed.
Date	d 10/19 . Zol 9. Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member 1 E

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Filing Fee: \$25.00