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| SUBJECT | | INVESTMENTS FL, LLC | | | |
| SUBJECT | • | Name of Lir | nited Liability Company | | |
| The enclose | ed Articles of | Amendment and fee(s) are su | bmitted for filing. | | |
| | | ondence concerning this matter | | | |
| | | Drew Loeffler | | | |
| | | | Name of Person | | |
| | | | Firm/Company | | |
| | | 7282 55TH AVE E PMB 195 Address Bradenton, FL 34203 | | | |
| | | | Address | | |
| | | | | | |
| | City/State and Zip Code hs.renegade@gmail.com | | | | |
| | | | to be used for future annual report no | otification) | |
| For further | information c | oncerning this matter, please c | all: | | |
| Drew Loeft | ler | | 941 5244198 at () | | |
| | Name o | f Person | Area Code Dayti | me Telephone Number | |
| Enclosed is | a check for th | ne following amount: | | | |
| ■ \$25.00 | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed) | |
| | niling Addres gistration S | | Street Address: | agtion | |
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| | D. Box 632 | | The Centre of | Tallahassee | |
| ı a | Hahassee, F | TL 32314 | 2415 N. Monro | oe Street, Suite 810 | |

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MISHKA INVESTMENTS FL. 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 June 26th, 2014 and assigned Florida document number 1.14000103094 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Mishka Investments LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "b.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

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

_. Florida _

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 |
|--------------|---------------|-------------------------|----------------------------------|
| MGRM | Drew Loeffler | 7282 55TH AVE E PMB 195 | □Add |
| | | Bradenton, FL 34203 | |
| | | | Change |
| MGRM | Kyle Loeffler | 7282 55TH AVE E PMB 195 | 🗆 Add |
| | | Bradenton, FL 34203 | □Remove |
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| fective date, if other than the date of filing in effective date is listed, the date must be specific to te: If the date inserted in this block does not cument's effective date on the Department of | and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, t meet the applicable statutory filing requirements, this date will not be liste |
| ecord specifies a delayed effective date, but n is filed. | ot an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after |
| April 28th | 2022 |
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