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COVER LETTER

Division of Corp	orations		
SUBJECT:/	MR. AVAILABL	E LLL	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	MUSTAR	A EDMÉ	
	_	Name of Person	
	ME NOW	ABLE 111	
	MR. AVAIL	Firm/Company	
	695 N. W	107 TH LANE	
		Address	
	CORAL SPRIN	City/State and Zip Code	
	BASSDEMONT F-mail address: (1)	79 @ GMAIL . CoM	cation)
For further information co	ncerning this matter, please ca		- ,
MUSTA-FA E	DMÉ	at (573) 514 5 Area Code Daytime	5 <i>93</i>
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

Mailing Address:

TO:

Registration Section

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

MR. AVAILABL	E LLC
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 1800027133</u> . This amendment is submitted to amend the following:	pany were filed on $\frac{1}{29}$ /2018 and assigned
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:	695 NW 107 FH LAME 2
(Principal office address MUST BE A STREET ADDRES.	5
Enter new mailing address, if applicable:	695 NW 107TH EAWL CUKAL SPKINGS 3 73071
(Mailing address MAY BE A POST OFFICE BOX)	CORAL STRINGS ## 69011
agent and/or the new registered office address here:	Tice address on our records, enter the name of the new registered
Name of New Registered Agent:	STAFA EDMÉ
New Registered Office Address: 695	NW 107 TH LANC Enter Florida street address
COF	STAFA EDMÉ NW 107 TH LANC Enter Florida street address AL SPRINGS Florida 33071 City Zip Code
New Registered Agent's Signature, if changing Registered Ag	

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
MGR	MUSTATA EDMÉ	695 Nin 107TH LANC CORALSA	RINGS FL 3307/
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	N/A
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	re date, if other than the date of filing:
Note: If	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocumer	nt's effective date on the Department of State's records.
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
d is filed	
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Jaied _	MAY 77 2024 M. EL