L18000050631

(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



100410690701

08/20/23--01015--008 **25.00

COVER LETTER

,	tion Section of Corporations	•				
SUBJECT: MICHELE MURGROD SERVICES W.C. Name of Limited Liability Company						
Name of Elimited Chaining Company						
		·				
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	MICHE	LCE MORGA	40			
Name of Person						
Firm/Company						
872/8W/26th RERACE						
Address						
MIAMI, FL 33.176-5226 City/State and Zip Code MICHELENDREADD SERVICES (DENDIC. CO.						
City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
	-	4.4.0	. ~			
Name of Person at 786, 36683 43 Area Code Daytime Telephone Number						
Name of Person Area Code Daytime Telephone Number						
Enclosed is a check for the following amount:						
∕S \$25,00 Filing	Certificate of Status Cer	:.00 Filing Fee & rtified Copy ditional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy fadditional 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

Florida document number 480000 50631 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 "LLC." 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 Cirv

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>	Name	Address	Type of Action
MGR	ASTALEY MICHELLE	877 SW 12th TERR MIAM, FE 33176-5	> KAdd
	THAVELO	MIAM, FL 33/76-5	2⊃6 □Remove
			□Change
			□Add
			□Remove
			□Change
			[]Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	⊟€hange ω ∵
			□Add
			□Remove
			□ Add □ Remove
			□ Remove
			□Сһапgе

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) _ (optional) E. Effective date, if other than the date of filing: ___ (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 of a member or authorized representative of a member

MICHELE MURGAGO

Typed or printed name of signee

Filing Fee: \$25.00