## 118000096005

(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
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(Document Number)	
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## **COVER LETTER**

TO: Registration Section Division of Corporation	s		,
SUBJUCTS MTM	16A,4C	,	
SUBJECT: /V\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Name of Limi	ited Liability Company	
The enclosed Articles of Amendm	ent and fee(s) are sub-	mitted for filing.	
Please return all correspondence c	oncerning this matter	to the following:	
	Sean	P. COX  Name of Person	
	CoxLau	J, PUC Firm/Company	<u> </u>
	156 E.	Bloomingdale Au	He
	Brando	N FV 33511 City/State and Zip Code	
	Vanessa@ E-mail address: (0	COX LAWPIC . COM to be used for future annual report notif	1 ication)
For further information concerning	g this matter, please ca	ail:	
Sean P. Cox		at (813) 685-	8600
Name of Person		Area Code Daytime	Telephone Number
Enclosed is a check for the follow	ing amount:		
	0.00 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		Street Address: Registration Sec	rtion
Division of Corporat	ions	Division of Corp	
P.O. Box 6327		The Centre of T	
Tallahassee, FL 3231	I <del>4</del>	2415 N. Monros	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUL 2 | AM 10: 20

MTMGAILLC mited 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 \_ Florida document number <u>L1</u> 8000096005 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

## 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.

City

\_, 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>	Address	Type of Action
AMBR	Michael Thomas Madigar	7336 Milestone Dr. Apollo Beach, FL 33572	XAdd
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Effective	date, if other the	ın the date of fili	ng:	· · · · · · · · · · · · · · · · · · ·	(optio	onal)	
ran effecti <u>Note:</u> If t	ve date is listed, the d the date inserted in 's effective date on	ate must be specific a this block does not	na cannot be prior I meet the applic	able statutory filin	ore than 90 days after g requirements, this	s date will not be	605.0207 listed as t
record spd is filed.	pecifies a delayed e	ffective date, but n	ot an effective t	ime, at 12:01 a.m.	on the earlier of: (b	) The 90th day a	after the
Dated	July 18	9	2022 N P	<del>-</del> ,			
		Jean	411_	orized representative			

Filing Fee: \$25.00