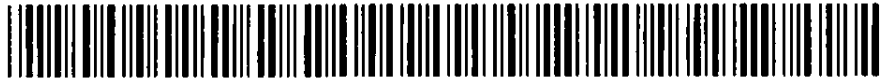


L18000191311

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : MONAHAN-MIJARES CPA, Inc  
Account Number : I20050000157  
Phone : (305)407-1438  
Fax Number : (305)397-1003

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SECRETARY OF STATE  
TALLAHASSEE, FL

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MEZZCLA INTERIORS LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

M. SOLOMON  
SEP 18 2024

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MEZZCLA INTERIORS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roark Ronald Monahan, CPA

Name of Person

MONAHAN-MIJARES CPA, PA

Firm/Company

75 Valencia Ave Suite 703

Address

Coral Gables, Florida

City/State and Zip Code

elismor.castillo@monahanmijares.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roark Ronald Monahan

305 407-1440

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 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  
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

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SECRETARY OF STATE  
TALLAHASSEE, FL

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEZZCLA INTERIORS 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 08/09/2018 and assigned Florida document number L18000191311.

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)

75 Valencia Ave, Suite 703,

Coral Gables, Florida 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

75 Valencia Ave, Suite 703,

Coral Gables, Florida 33134

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2024 SEP 18 PM 2:15  
CLERK OF DISTRICT COURT  
CLERK OF DISTRICT COURT  
CLERK OF DISTRICT COURT

**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:

Monahan Mijares CPA

New Registered Office Address:

75 Valencia Ave, Suite 703

*Enter Florida street address*

Coral Gables

Florida 33134

*City*

*Zip Code*

**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



**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

סמך

2024 SEP 18 PM 2:15

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NOFORN

Hyattsville

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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.

Dated September 10th, 2024

Quincy, Ill. 1890

Signature of a member or authorized representative of a member

ISABEL SCULL LARA

Typed or printed name of signee

**Filing Fee: \$25.00**