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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: MUBZ	Name of Limited Liabi	lity Company	·
The enclosed Articles of Amendment	and fee(s) are submitted fo	or filing.	
Please return all correspondence cone	erning this matter to the fol	llowing:	
_//	ark Hay	me of Person	· · · · · · · · · · · · · · · · · · ·
	My876 Coff	ll LLC	
9851	3 Glades Rd.	D3 #726	
<u>600</u>	a Raton F	1 33434 ate and Zip Code	
mysac	E-mailladdress; (to be used	for future annual report notification	1)
For further information concerning th	s matter, please call:		
Mark Hayn Name of Person	a	1 (<u>56)</u> <u>702 - 3:</u> Area Code Daytime Telep	350 phone Number
Enclosed is a check for the following	amount		
□ \$25.00 Filing Fee	ficate of Status Co	5.00 Filing Fee & ertified Copy dditional 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Musacoldle LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L18000 19 7 5 9 8</u> .	ere filed on 08/17/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Couragn, "the decimation "I.I.C" or the abbreviation "I.I.C."
	Company, the designation later of the above visition L.E.C.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	- 1
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
	City Zap 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

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 = Ma $AMBR = Aa$	anager athorized Member		
<u>Title</u> MGR	Name Mark Haynes	Address 9858 Clades Rd D3#726 Boca Ratin F1 33434	Type of Action ☐ Add ☐ Remove
MGR	Keishagay Goodwin	9858 Glades Rd D3726 Boca Ratin F1 33434	_ ☑ Change
·			Change Add Remove
		•••]] _□ Change 21 _□ Add
			_ □ Remove _ □ Change _ □ Add
			_□ Remove
			_
			□ Chango

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	<u> </u>
	·
ctive date, if other than the date of filing: Effective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable stament's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 605.02 atutory filing requirements, this date will not be listed
ecord specifies a delayed effective date, but not an ele 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier
a November 19th. 2018.	
MONA HAJULS Signature of a rhember or authorized to	epresentative of a member
, 1	

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Filing Fee: \$25.00