## L19000063208

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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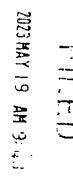
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7/17/23 VW



## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

Madpey, L SUBJECT:	LC			
SOBJECT.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Kelly Parks			
		Name of Person		
	Madpey, LLC			
		Firm/Company	<del></del>	
	1504 Hickory View Circle			
		Address	<del></del>	
	Parrish, FL 34219			
		City/State and Zip Code	<del></del>	
	E-mail address: (	to be used for future annual report not	ification)	
For further information of	concerning this matter, please c	all:		
Stacey Savige		813 508.3131		
Name o	of Person		ne Telephone Number	
Enclosed is a check for t	he 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		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Co	Division of Corporations The Centre of Tallahassee	
P.O. Box 632 Tallahassee,			Fallahassee be Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Madpey, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) upany)
The Articles of Organization for this Limited Liability Company were filed Florida document number L19000062208	on 3/4/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2023
	<u> </u>
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	
	- · · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, <u>enter the name of the new regis</u> t
Name of New Registered Agent:	
New Registered Office Address:	
En	ner Florida street address
	· , Florida
City	Zip Code

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, <u>enter the title, name, and address of each person\_being adde or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alexzondra Parks	1504 Hickory View Circle	<b>=</b> Add
		Parrish, FL 34219	□Remove
		•	□Change
			□ Change
			□Add
			□Remove
		<del></del>	☐Change
	<del></del>	•	□Add
			□Remove
		·- <u></u> -	[]Change
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			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change

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Keliv Parks		Signature of a member or authorized representative of a member	
		Kolly Parks	