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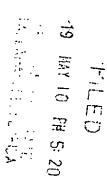
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

•	ision of Corporations
SUBJECT:	MUANDG LLC
Sobject.	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:
	ROBERTA FLORIS
	Name of Person
	MAKEUP N GIGGLES
	Firm/Company
	318 JULIA STREET
	Address
	KEY WEST FLORIDA 33040
	City/State and Zip Code
	ROBERTA O MAKEUPN (ALCCUES . COM E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
Dog_	SERTA FLORIS at (305) 393 0346  Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Dayance receptione Name of
Enclosed is	check for the following amount:
<b>\$</b> \$25,00 F	Tiling Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status  Certified Copy (additional copy is enclosed)  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

MUANDG LLC (Name of the Limited Link	ility Company	us it now appears on or	ir records )	
( <u>Name of the Limited Liab</u> (A Flor	ida Limited Lia	bility Company)	<u>ar (                                   </u>	
The Articles of Organization for this Limited Liability	Company w	ere filed on March 15	5th 2019	and assigned
Florida document number	·			<b>-</b>
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the li</u>	mited liabili	ty company here:		<u></u>
MUANDG LLC				
The new name must be distinguishable and contain the words "L	inuted Liability	Company," the designati	ion "LLC" or the abb	reviation L.L.C.
Enter new principal offices address, if applicable:		318 Julia Street		0 111
Principal office address MUST BE A STREET ADI	ORESS)	Apt. 2		72 0
		Key West, 33040, 14.	•	. <u>స</u> ు
				20
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		ce address on our	records, <u>enter t</u>	he name of the
egisteres agent and/or the new registered office ad	uress nere.			
Name of New Registered Agent.	erta Floris			
New Registered Office Address: 318	318 Julia Street Apt 2			
		Enter Florida stre	et address	<del></del>
Key	West		Florida	и)
			,	

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>	<u>Name</u>	Address	Type of Action
Wher	Roberta Floris	318 Julia Street Apt 2 33040 Key West FL	
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Tective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the D	t be specific and cannot be prio- ock does not meet the applic	table statutory filing rec	(optional) han 90 days after filing quirements, this date	;.) Pursuant to 605.02
e record specifies a delayed The 90th day after the rec		ot an effective time	e, at 12:01 a.m.	on the earlier
April 4th	2019			
ated		2		

Page 3 of 3

Filing Fee: \$25.00