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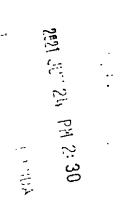
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MUCKLER PRE	DENGIFS
Name of	Division of Corporations Name of Limited Liability Company Inclosed Articles of Amendment and fee(s) are submitted for filing. The return all correspondence concerning this matter to the following: The Market Production Name of Person Mucket Production Prim/Company 2300 SE PANCH KD S Address The Tell State and Zip Code Lity/State and Zip Code Lity State and
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
JAM II	E Muckler Name of Person
MUCKLER	E PROJEKTIES Firm/Company
2300 SE	RIANCH ICA S Address
JUPITER	City/State and Zip Code
) E-mail addres	muckler @ amout com ss: (to be used for future annual report notification)
	at (<u>S(2/</u>) <u>3/0 - 76.27</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
	Certified Copy Certificate of Status & Certified Copy Certified Copy
Mailing Address: Registration Section	Street Address: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

mpany as it now appears on our records.) ted Liability Company)
any were filed on and assigned
any were fried on and assigned
liability company here:
iability Company," the designation "LLC" or the abbreviation "L.L.C."
2897
9,2
AMIE MUCKLEK
i i

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
AMBR	JAMIE MUKLER	2300 SE RANCHRIS S. JUPITER, FL 33478	□Add
		JUPITER, FL 33478	□Remove
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ctive date, if other than the date of filing:	-23-21	(epti	onal)	
effective date is listed, the date must be specific and cannot be prior. If the date inserted in this block does not meet the application.	to date of filing or m	ore than 90 days afte	r filing.) Pu	rsuant to 605.02 I not be listed
ment's effective date on the Department of State's records.	,	5 - 1		
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ord specifies a delayed effective date, but not an effective til filed.	me, at 12:01 a.m.	on the earlier of: (I	5) The 90	nn day affer tr
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