

L19000213017

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2024 SEP 17 PM 3:40

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Marisa Jubis, 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:

Kady Ferguson
Name of Person
Mastermind Law Group LLC
Firm/Company
833 E Pioneer Rd STE 102
Address
Draper, Utah 84020
City/State and Zip Code
kady@mastermindlawgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kady Ferguson at (844) 409-1122
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2024 SEP 17 PM 3:20
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT

Marisa Jubis

(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 12/12/2023 and assigned Florida document number 1.19000213017.

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)

5794 Bird Road, #601

Miami, FL 33155

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5794 Bird Road, #601

Miami, FL 33155

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Marisa Jubis	439 CANDIA AVENUE	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Transformative Ventures LLC	5794 Bird Road, #601	<input checked="" type="checkbox"/> Add
		Miami, FL 33155	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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