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COVER LETTER

TO:

Registration Section
Division of Corporations

MESSERI ENTERPRISES LLC SUBJECT: 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: DAVID MESSERI Name of Person MESSERI ENTERPRISES LLC Firm/Company 20140 W DIXIE HWY, APT 24105 Address MIAMI, FLORIDA, 33180 City/State and Zip Code davidmesseri@protonmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DAVID MESSERI Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & \$60.00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MESSERI ENTERPRISES LLC		-1
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our recoi Liability Company)	<u>'ds.</u> }
The Articles of Organization for this Limited Liability Company	were filed on 12/02/2019	and assigned
Florida document number 1.19000293718		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
MESSERI & ASSOCIATES, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		## \$
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		>,
		5.7.1 20.7.1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	, ,
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	PSS
	man in man on the date.	••••
		Tlorida Zin Code
	zan)	rap canc

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
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			□Remove
		 	□Change
			□Add
			□Remove
			□Change
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