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A. RAMSEY MAR 16 2025

COVER LETTER

FO: Registration Section Division of Corporations

Kalu 47 SUBJECT: ability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

_____ at (<u>234</u>)____ Telephone Number Name of Person

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) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Ġ.

<u>Mailing Address:</u> 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

A If a monding name, ontoy the new name of the limited lightlity company here:	? essigned
A. If amending name, <u>enter the new name of the limited liability company here</u> : ML_LCC	
The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Punta, Carda, F1 33950	L.L.C."
(Principal office address MUST BE A STREET ADDRESS) Yunta, Gorda, FI 33750	
Enter new mailing address, if applicable: <u>10023 Winding River Ri</u> (Mailing address MAY BE A POST OFFICE BOX) Punta Gorda, FI 3395(<u>d</u> 0
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the ne</u> agent and/or the new registered office address here:	ew registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	<u></u>
Florida	
City: Zip Code Code New Registered Agent's Signature, if changing Registered Agent:	e

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 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>	Name	Address	Type of Action
			🗆 Add
			Change
			🗆 Add
		<u></u>	
			Change
	<u> </u>	<u>_, _, _, </u>	🗋 Add
			Change
			🗋 Add
			□Remove
	ć		🗆 Add
		• 	
			🗆 Add
			□Change

• . • • •

D. If amending any other information, enter change(s) here: (Attach additional sheets, (f necessary.)

<u> </u>	
	
	1
ffective da	ate, if other than the date of filing: $1/1/2023$ (optional)
an effective	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocument's	effective date on the Department of State's records.
1	rifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
record spec 1 is filed.	mes a delayed effective date, but not an effective time, at 12,01 a.m. on the earlier of (0) - The sourday area the
ated J	December floth. 2022.
	- Allie
	Signature of a member or authorized representative of a member
	Melissa Lee
_	Typed or printed name of signee