LZ0000039201

(Re	questor's Name)	
(Ad	dress)	
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(Do	cument Number)	
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COVER LETTER

Division of Corpo	orations	<i>-</i>	
SUBJECT: - MG		ited Liability Company	
		, company	
The enclosed Articles of Ai	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Wilmer	C. LOOEZ Name of Person	
	more tr	Yan Magica	<u>C'</u>
	9315 5	Trang bark Lan	ine
		FL 32339	
	E-mail address: (1	o be used for future annual report notific	COUTION, CCM
For further information con	cerning this matter, please ca	dlt:	
W): \median C	C LOPEZ erson	at (HO7) COT T	e 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)
Madine Address		Camera Address	

Mailing Address:

TO:

Registration Section

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

More Than Ma	a.c.	LC C 2020 AU = 17	PM 3: 26	
(Name of the Limited Liability Compan (A Florida Limited L	y as it now app lability Company	ears on our records.)		
The Articles of Organization for this Limited Liability Company of Florida document number 42 (1) (1) (1x) 37 20)	were filed on	2/3/2020	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company	here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," th	e designation "LLC" or the a	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:		\		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our	records, <u>enter the nar</u>	ne of the new registered	
Name of New Registered Agent:				
New Registered Office Address:	Enter F	lorida street address		
		, Florida		
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Code	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance i rovided for ir	of my duties, and I am Chapter 605, F.S. Or	familiar with and , if this document is	

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 2020 A 117 PH 3: 26	Type of Action
AMBR	Mande Roman	9315 Stranjank Ear	<u> </u>
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If on ottoorism date to	other than the date of listed, the date must be spec-	лис яни сапиал ос ы.	or to date or mine or	HILLIO MILLIAN AND AND MILLS	onal) r filing.) Pursuant to 605.0
Note: If the date i	inserted in this block doe ive date on the Departme	s not meet the app	licable statutory file	ing requirements, th	is date will not be listed
e record specifies a rd is filed.	a delayed effective date. I	but not an effective	e time, at 12:01 a.m	a, on the earlier of: (b) The 90th day after t
	, (
	13/2020	<u> </u>	<u>.</u> -		
Dated	<u> </u>				
Dated			ŕ	ve of a member	

Filing Fee: \$25.00