Electronic Filing Cover Sheet

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(((H21000378679 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PAUL SALVER, P.A.

Account Number : 120020000087

Phone

: (954)389-1333

Fax Number

: (954)389-1397

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MYCOS LLC

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Page Count	05
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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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TO:	Registration Se Division of Cor			
eun ie	MYCOS L			
PARIF	СТ:	Nume of Lin	nited Liabitity Company	
The enc	losed Articles of	Amendment and fre(s) are sul	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		DANIELLA SANTANA		
			Name of Person	
		SALVER & COOK LLP		
			Firm/Company	
		2721 EXECUTIVE PARK	DRIVE SUITE 4	
			Address	·
		WESTON, FL 33331		
			City/State and Zip Code	
		D.SANTANA@ENDOTEC		
			to be used for future annual report no	tification)
For funi	ter information c	oncerning this matter, please c	a)I:	
DANIE	LLA SANTANA		954 3891333 at ()	
	Name o	f Person	Area Code Dayti	ne Telephone Number
Enclosed	d is a check for th	e following amount:		
■ \$2 5.	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee pe Street, Suite 810

(((H21000378879 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H21000378679 3)))

MYCOS LLC					
(Name of the Limited Linh (A Flori	itiry Company as it ida Limited Liability	ombana) ombana)	ecords.)		
The Articles of Organization for this Limited Liability Plorida document number L20000077970	Company were fi	led on 03/10/2020		and as	signed
his amendment is submitted to amend the following:					
. If amending name, enter the new name of the lir	mited liability co	npany here:			
he new name must be distinguishable and contain the words "Li	imited Liability Comp	any," the designation	"LLC" or the ab	breviation "L	.L.C.
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADD	ORESS)				
			.,		
Enter new mailing address, if applicable:					
Mulling address MAY BE A POST OFFICE BOX)				<u> </u>	
If amending the registered agent and/or registere gent and/or the new registered office address here: Name of New Registered Agent:	ed office address :	on our records, <u>e</u>	nter the name	e of the nev	<u>n regi:</u>
New Registered Office Address:			ļ	/s =	~
The Williams of the Office Tradition.		Enter Florida street a	ddress	,	23
			, Florida		007
	City			Zip Cocle	
ew Registered Agent's Signature, if changing Register	ed Agent:			<u> </u>	70
hereby accept the appointment as registered agent rovisions of all statutes relative to the proper and o except the obligations of my position as registered a eing filed to merely reflect a change in the register company has been notified in writing of this change.	complete perforn agent as provided red office address	iance of my dutie I for in Chapter 6	s, and I am fo 05, F.S. Or. i	ımi liar wit Lihis docu	h and เกษาน
	If Changing Reg	stered Agent, Signat	are of New Regi	stered Agen	

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H21000378679 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MBR	ANDRES FELIPE GIRALDO	8019 NW 27PL	
		FORT-LAUDERDALE, FL 33322	□Remove
			□ Change
			□ Remove
			□ Change
			⊡Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
		-	□Add
			□Ræmove
			□Change
			□ Add
			□ Remove
			☐ Change (((H21000378679 3)))

E. Effective date, if other than the date of filing: (If we effective date is listed, the date must be specific and cannot be prove to date of filing or more than 90 days after filing.) Pursuant to 503.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. If the record specifies 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 is filled. Dated OCTUBRE 8 2021 Signature of a member or subborized representative of a member JONATHAN A WEINBERG, Typed or printed name of signate							-	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. If the record specifies 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 is filed. Dated OCTUBRE 8 OCTUBRE 8 2021						·,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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	Dated			_			000	_
JONATHAN A. WEINBERG,		Signature of	a member or authorized	d representative of a me	mber	<u> </u>		ווובט
	JONATHAI	N A. WEINBERG,				FLO	7¥ (2	`

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Filing Fee: \$25.00