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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone #	7)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
-	Office Use Only	



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TO: Registration Se Division of Cor			
SUBJECT:	148 Quick Me	in 1 1/c	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing,	
Please return all correspo	ondence concerning this matter	to the following:	
	Makunt	Name of Person	
		icl Mant 110	······································
	4980 Hal		
	Orlando	FL 32817	
	4980C, tao	City/State and Zip Code O g Mai / B M to be used for future annual report notifi	
			ication)
For further information c	oncerning this matter, please ca	all:	
Marvil P.	hillips	at (407) 407-42 Area Code Daytime	30-9296
Name o	t Person	Area Code Daytime	Telephone Number
inclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 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 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

MHB Wuck	Mart Ild		ب
(Name of the Limited Li (A F)	bility Company as it now appears on our orida Limited Liability Company)	records.)	— ?;
The Articles of Organization for this Limited Liabili Florida document number <u>L 20000/13569</u>	y Company were filed on Africal	1 27 207	2 and assigned
This amendment is submitted to amend the following	2;		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and contain the words. Enter new principal offices address, if applicables. Principal office address MUST BE A STREET AL	4990 Hall	i "LLC" or the ab RJ BRIT	obreviation "L.L.C."
nter new mailing address, if applicable: <u>Aailing address MAY BE A POST OFFICE BOX</u>	1980 Hill Orlando IX	<u>fd</u> 3)317	
If amending the registered agent and/or regist		enter the nam	ne of the new registered
Name of New Registered Agent:	Marun Phillips		
New Registered Office Address:	4980 HoW Rel Enter Florida street	address	
	Örlan do	Florida	326/7
_	City		Zip Code

istered Agent's Signature, if changing Registered Agent:

accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the is of all statutes relative to the proper and complete performance of my duties, and I am familiar with and is obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is I to merely reflect a change in the registered office address, I hereby confirm that the limited liability has been notified in writing of this change.

ff Changing Registered Agent, Signature of New Registered Agent

removed from our records:

MGR = Manager AMBR = Authorized Member

AMIDK - 7	Authorized Member		
Title	<u>Name</u>	Address	Type of Action
NURAMBR	SIVAKALA CRUTCHER	180 Featherstonle Lante	□Add
		180 Featherstonte Lante Lake Maly FL 32746	Remove
			□Change
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tive date, if other that	n the date of filing:	12/17/2020		optional)	to 605 020
	this block does not meet the	e applicable statutory			
	the Department of State 8	records.			
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