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COVER LETTER

TO:

Tallahassee, FL 32314

	distration Section of Cor			
end lezer.	Masie & Av	ra, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are subr	nitted for filing.	
Please return	ı all correspo	ndence concerning this matter	to the following:	
		Brianna Zhivkov		
			Name of Person	
		Masie & Ava, LLC		
			Firm/Company	
		2138 SW 44th Street		
			Address	
		Cape Coral, FL 33914		
			City/State and Zip Code	
		briannamzhivkova@gmail.c	om o be used for future annual report notificat	ion)
For further i	nformation c	oncerning this matter, please co		
Brianna Zhivkov			239 443-7181	
Name of Person		f Person	at () Area Code Daytime Te	elephone Number
Enclosed is	a check for th	he 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)
	iling Addres		Street Address:	
	gistration (vision of C	Section Forporations	Registration Section Division of Corporation	
P.O. Box 6327			The Centre of Tall	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Masie & Ava, LLC	
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L2000146551</u>	npany were filed on May 29, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
Willa Jo & Co. LLC	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u>cc)</u> (22)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

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>	Name	Address	Type of Action
			□ Add
			□Remove
			Change
			□Add
			ZBemove SFP
			Change
			Remove
			Change
			□Add
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			□Change
			\ _Add
			□Change
			□Add
			Remove

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e record specifies a dela The 90th day after the	yed effective date, but not record is filed.	an effective time, at 1	2:01 a.m. on the	earlier o
8/26 Pated	2020	- '		
Briann	2011010			
Druguin	Signature of a member or authori	zed representative of a member		

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