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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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 -**ELEUTHEROPHILIA LLC**

Certificate of Status	0
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Page Count	04
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MAR = 1 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eleutherophilia LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 06/16/20 Florida document number L20000166402	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
MUCHO BARULLO LLC	
The new name must be distinguishable and contain the words "Limited 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 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 address on our records, <u>enter the agent and/or the new registered office address here</u> :	name of the new registered
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	32
Enter Florida street address	
Florid	a Zin Code
·	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. Thereby 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
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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		<u> </u>	Remove
			□Change

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If an effectiv Note: If the	date, if other than the date we date is listed, the date must be sp he date inserted in this block d is effective date on the Depart	secific and cannot be prior to date of filing or more than 90 days after ones not meet the applicable statutory filing requirements, this	onal) r filing.) Pursuant to 605.0207 (3) s date will not be listed as the
e record sp rd is filed.		, but not an effective time, at 12:01 a.m. on the earlier of: (t	The 90th day after the
Dated	February 27	. 2023	
	Signa	ture of a member or authorized representative of a member	
		Nat Smith	
		Typed or printed name of signee	

Filing Fee: \$25.00