## 120000174725

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A. BUTLER
JAN 1 1 2022

## **COVER LETTER**

	gistration Secti					
					<b>ć</b>	,
SUBJECT:	Miseindy LLC	•			•	
		Name of Lim	nited Liability Company			
The enclosed	l Articles of Ar	nendment and fee(s) are sub	omitted for filing.			
Please return	all correspond	ence concerning this matter	to the following:			
		Archie Ferguson				_
			Name of Person			
			Fiлп/Сотпралу			
		10136 Vickers Ridge Dr				
			Address			
		Orlando, FJ, 32829	City/State and Zip Code			_
		archie a voungandvounger. E-mail address: (	com (to be used for future annual re	port notification)	)	
For further in	nformation con-	eerning this matter, please e	all:			
Archie Ferg			at (321 ) 201-6			
	Name of P	erson	Area Code	Daytime Telepl	ione Numb	er
Enclosed is a	a check for the	following amount:				
<b>■</b> \$25.00 1	filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)		Certific Certifie	Filing Fee, cate of Status & ed Copy al copy is enclosed

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1

Miscindy LLC		^; · · · · · · · · · · · · · · · · · · ·
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our record Limited Liability Company)	rds.) (100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
The Articles of Organization for this Limited Liability (	Company were filed on 06/23/2020	and assigned, $^{i\mathcal{E}}$
Florida document number 1.20000174725	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:	0. <u>1</u>	
(Mailing address MAY BE A POST OFFICE BOX)		
	<del>,</del>	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>ente</u>	r the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	255
		lorida
	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>	<u>Name</u>	Address	Type of Action
AMBR	Bradley Young	5558 Jessamine Lane	□Add
		Orlando, FL 32839	≣Remove
			□ Change
AMBR	Matthew Roberts	1672 Alden Rd Apt 975	■Add
		Orlando, FL 32803	□Rcmove
		<del></del>	☐ Change
<del></del>			□∧dd
		<del></del>	□Remove
			□ Change
	<del>-</del>		□Add
			□Remove
			□Change
	<del></del>		□Λdd
			□Remove
			∵ ☐Change
			Add
			□Remove
			□ Change

an effectiv ote:    [f [	ate, if other than the date of filing:	207 ( as t
record sp is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
ated	Dec. 1 , 2021,	
	Signature of a marshar as substant description of	
	Signature of a member or authorized representative of a member	