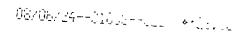


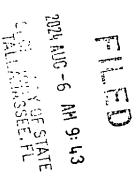
(Requestor's Name)
(Address)
(Address)
(1001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boothest Hallibery
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only









COVER LETTER

TO:	Registration Sc Division of Cor),	
caibace	Madonna 1.			
SUBJEC	.T:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Mariela G Mazzei		
			Name of Person	
		Madonna Lily LLC		
			Firm/Company	
		2335 Magnolia Drive		
			Address	
		North Miami, FL 33181		
		mariela@madonnalilyflowe	City/State and Zip Code	
		-	to be used for future annual report notification)	
For furth	er information c	oncerning this matter, please ca	all:	
Mariela	G Mazzei		786 210-2918 at ()	
	Name o	f Person	Area Code Daytime Telephone Number	
Enclosed	is a check for t	he following amount:		
\$ 25.	00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	Street Address:	
	Mailing Addres			5
Registration Section Division of Corporations				
	P.O. Box 632	•	The Course of Tallaharan 1371	K K
	Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810	٠ ٠
			Tallahassee, FL 32303	=

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Madonna Lily LLC				
(Name of the Limited (A	Liability Company Florida Limited Lia	as it now appears on ou bility Company)	records.)	
The Articles of Organization for this Limited Liab Florida document number 1.20000214000	oility Company w	ere filed on <u>07/21/202</u>	and a	ssigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	ne limited liabili	ty company here:		
The new name must be distinguishable and contain the word	ds "Limited Liability	Company," the designation	on "LLC" or the abbreviation "	1L.C."
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET).	ADDRESS)			. <u> </u>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			
B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent:		dress on our records	, <u>enter the name of the n</u>	<u>ew registered</u>
New Registered Office Address:		Enter Florida stree	et address	
			D1: 4.	
	<u></u>	City	, FloridaZip Cod	e
New Registered Agent's Signature, if changing Reg	gistered Agent:			
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the responding has been notified in writing of this ch	and complete pered agent as pr gistered office a nange.	erformance of my du ovided for in Chapte ddress, I hereby conj	ties, and I am familiar in the state of the	Auth and Notation is the state of the state
	If Chang	ing Registered Agent, Sig	nature of New Registered Ag	ent

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
MGR	Marlo Courtney	2335 Magnolia Drive Miami FL 33181	
			□Remove
			□ Change
			□Add
			□ Remove
			Change
			□ Add
		-	□ Кепюче
			□Change
 			□ Add
			□ Петюче
			□Change
			□Add
			SEC PRemove
			☐ Change
			OF SHATE
			☐ F □Remove
			□Change

If amending any other information, enter change(s) here: (Attach additional sheets, if neces,	sary.)	
		
		
	<u> </u>	
		
		
Effective date, if other than the date of filing:	ling.) Pursuant te	
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) rd is filed.	The 90th day	after the
Dated $O7 27 $, 2024 . H33e1.		File Sall
Signature of a memoer/of antarorized representative of a memoer	STAT	
Mariela G Mazzei Typed or printed name of signee	rri	_

PH .. P. .. 635 00