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From:

Account Name : RUSTER LAW GROUP, PLLC

Account Number : 120160000099 Phone : (941)313-7208 Fax Number : (941)234-9112

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patrick@rusterlaw.com Email Address:

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Please change manger name from Josepha Martina Pfoertner to Josefa Martina Pfoertner, see below.

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

	ion Section of Corporations		
Mon Suprecer.	iberg Enterprises Florida LLC		
Sobsect.	Name of Li	anted Liability Company	
The enclosed Artic	tes of Amendment and fec(s) are st	abmitted for filing.	
Please return all co	rrespondence concerning this matte	er to the following:	
	Patrick Ruster		
	***	Name of Person	· · · · · · · · · · · · · · · · · · ·
	Ruster Law Group, PLLO	·•	
		FirmCompany	
	3908 26th St W		
		Address	
	Bradenton, FL 34205		
	office@rusterlaw.com	City/State and Zip Code	
	-	(to be used for future amount report noti-	lication)
For further information	tion concerning this matter, please	call:	
Patrick Ruster		941 758-8888 at ()	
Name of Person			: Telephone Number
Enclosed is a check	for the following amount:		
≡ \$25.00 Filing Fo	ee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Division (P.O. Box	on Section of Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Momberg Enterprises Florida LLC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Company Florida document number 1.20000276159		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ulity company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "I	J.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	69 Bay St		
(Principal office address MUST BE A STREET ADDRESS)	Englewood, F1, 34223		
Enter new mailing address, if applicable:	69 Bay St	707	
(Mailing address MAY BE A POST OFFICE BOX)	Englewood, Fl. 34223		
		32 2	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>ent</u>	er the name of the new registered	
Name of New Registered Agent:		jei −1	
New Registered Office Address:			
	Enter Florida street add	ress	
		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 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

Title	<u>Name</u>	Address	Type of Action
MGR	Josepha Martina Pfoertner	69 Bay St	⊟Add
change	to: <u>Iosefa</u> Martina Pfoertner	Englewood, Fl. 34223	
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If an effect	date, if other thive date is listed, the	date must be specif	tic and cannot be pr	ior to date of filing	g or more than 90	(optional) days after filing.) Pr	orsuant to 605.0207 (3
Note: If documen	the date inserted it's effective date o	n this block does on the Departmen	not meet the app it of State's recor	dicable statutory ds.	r filing requiren	tents, this date wi	I not be listed as th
e record s rd is filed	pecifies a delayed	effective date, bu	it not an effective	e time, at 12:01	a.m. on the ear	ier of: (b) The 9	Oth day after the
Dated 11	^{/4} 11/12/	· · · · · · · · · · · · · · · · · · ·	2020	·	_		
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15med			/	// -			
Dated		Signature	of a member or ac	thorized represen	fative of a memb	or	