120000341924

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



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T. MATTHEWS JAN 28 2022

COVER LETTER

| TO: Registration So Division of Cor | | | |
|--|---|---|--|
| SUBJECT: | 3885 N Feder | al, LLC | |
| | Name of Limi | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Rich | Same of Person | |
| | Mosey | MWay Properties | |
| | 1801 S Fed | eral Hwy Address | |
| | <u> </u> | Ora Raton, FL 3 City/State and Zip Code | 3432 |
| | E-mail address! (1 | NANO OYOSE MUVILLY to be used for future annual reportability | |
| For further information c | concerning this matter, please ea | all: | |
| Alexande Name o | EV ROSEMURAY | at (50) 756 Area Code Daytime | - 1752 Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| \$ \$25.00 Filing Fee | ☐ \$30.00 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) |
| Mailing Address | 885: Santina | Street Address: | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 3885 N Fea | leval LIS | 22 Jan 24 PH 3: 12 |
|---|---------------------------|--|
| (Name of the Limited Liability (A Florida L | | ears on our records.) |
| The Articles of Organization for this Limited Liability Con Florida document number <u>L2000341924</u> | mpany were filed on . | 1) 06 70 70 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | ed liability company | here: |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," th | e designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | <u></u> | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered cagent and/or the new registered office address here: | office address on our | r records, <u>enter the name of the new register</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Finan E | lorida street address |
| | unier r | |
| | City | , Florida 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

| Title | Name A N. C. V. V. V. V. | | Type of Action |
|-------|---------------------------|-----------------------------------|----------------|
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| e: If the date it | other than the date of listed, the date must be spenserted in this block do we date on the Departm | es not meet the applic | to date of thing or more able statutory filing re | (optional) than 90 days after filing. equirements, this date |) Pursuant to 600.020 |
| cord specifies a filed. | delayed effective date, | , but not an effective ti | me, at 12:01 a.m. on | the earlier of: (b) Th | e 90th day after the |
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| | | use of a member or auth | orized presentative of | | |

Filing Fee: \$25.00