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T. MATTHEWS DEC 16 2021

COVER LETTER

TO: Registration Se Division of Co					
MDNT CO	MPANY, LLC				
SUBJECT:			<u>•</u>		
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Victoria Smith				
	MDNT COMPANY, LLC	Name of Person			
		Firm/Company			
	386 S ATLANTIC AVE. #1035				
		Address			
	ORMOND BEACH, FL 3	2176			
	City/State and Zip Code victoria@mdnt.co				
	E-mail address: (to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please c	all:			
Victoria Smith		305 301-5054			
Name o	f Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a check for the	ne 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)		
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction		
Division of C		Division of Corporations			

P.O. Box 6327 Tallahassee, FL 32314

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MONT COMPANY, LLC

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(<u>Name of the Limi</u>	ted Liability Company as it now ap (A Florida Limited Liability Compa	opears on our records.) uny)
The Articles of Organization for this Limited L L20000387484 Florida document number		12/11/2020 and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability compan	<u>ny here</u> :
The new name must be distinguishable and contain the v	words "Limited Liability Company," (the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	eable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:	 	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/or agent and/or the new registered office addre		our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	Victoria Smith	<u> </u>
New Registered Office Address:	386 S ATLANTIC AVE, #103	35
The Hogisteled Office Hadisas.	Enter	r Florida street address
	Ormond Beach	, 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 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 = M					
	uthorized Member			21 DEC -6 FIL 3: 28	
Title	Name				Type of Action
MGR	Justin Abdella		386 S ATLA	ANTIC AVE. #1035	≣ Add
			Ormond Bea	ach, FL 32176	
					□Remove
			_		□ Change
					□Remove
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	• ,	·			□Remove

_____ Change

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	(optional)
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be	be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020
te: If the date inserted in this block does not meet the	applicable statutory filing requirements, this date will not be listed a
nument's effective date on the Department of State's re	ecords.
	ctive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
November 8th 2021	
ed	<i>!</i>
\ \	//- X ·
Signature of a member	or authorized representative of a member
	•
	or printed name of signee