120000387484

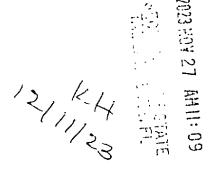
| (Requestor's Name) |
|---|
| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office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



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COVER LETTER

| TO: Registration So Division of Cor | | | | |
|--|--|---|---|--------------------------------|
| MDNT Cor | mpany, LLC | | | |
| SUBJECT: | · ··· | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspondent | ondence concerning this matter | to the following: | | |
| | Justin Abdella | | | |
| | | Name of Person | | |
| | MDNT Company, LLC | | | |
| | | Firm/Company | | |
| | 386 S ATLANTIC AVE, # | 1035 | | |
| | | Address | | |
| | | | | |
| | justin@mdnt.co | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · | |
| | E-mail address: (| to be used for future annual report notif | ication) | |
| For further information of | concerning this matter, please c | all: | , ~ | |
| Justin Abdella | | 786 423-8567 | 023 KC | -1 |
| Name o | of Person | | Telephone Number 27 | 120 (120) 120) 120 (120) |
| Enclosed is a check for t | he following amount: | | AH T | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing (Pec.) Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Mailing Address | | Stenat Address | | |

Mailing Address:

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

Street Address:

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

| (Name of the Lim | ited Liability Company as it now appears on our reco | rds.) |
|--|---|----------------------------------|
| A Traine St. tile Still | ited Liability Company as it now appears on our reco (A Florida Limited Liability Company) | |
| ne Articles of Organization for this Limited I L20000387484 | Liability Company were filed on | and assigned |
| nis amendment is submitted to amend the fol | lowing: | |
| If amending name, enter the new name of | of the limited liability company here: | |
| ne new name must be distinguishable and contain the | words "Limited Liability Company," the designation "Li | LC" or the abbreviation "L.L.C." |
| nter new principal offices address, if appli | cable: | |
| Principal office addres <u>s MUST BE A STRE</u> | ET ADDRESS) | *** |
| | | |
| | | |
| nter new mailing address, if applicable: | | |
| <u> 1 Aailing address MAY BE A POST OFFICE</u> | E BOX) | |
| | | |
| | | % <u>17</u> 5 <u>17</u> |
| | registered office address on our records, ente | |
| gent and/or the new registered office addr | ess here: | N |
| | | |
| Name of New Registered Agent: | Justin Abdella | 75 . U |
| New Registered Office Address: | 386 S ATLANTIC AVE #1035 | THE THE |
| | Enter Florida street add | ress 🖂 🗘 |
| | ORMOND BEACH | Florida 32176 |
| | | |

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> | <u>Address</u> | Type of Action |
|--------------|----------------|--------------------------|----------------|
| MGR | Victoria Smith | 386 S ATLANTIC AVE #1035 | |
| | | | |
| | | ORMOND BEACH, FL 32176 | |
| | | | ■Remove |
| | | | |
| | | | Change |
| MGR | Justin Abdella | 386 S ATLANTIC AVE #1035 | |
| | | ORMOND BEACH, FL 32176 | = Add |
| | | ORMOND BEACH, EL 32170 | □Remove |
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| ffective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blocument's effective date on the D | st be specific and ock does not n epartment of S | cannot be prior neet the applicate's records. | ible statutor | y filing require | ements, this | iling.) Pursi date will r | not be lis | sted as |
| record specifies a delayed effectived is filed. | e date, but not | an effective tii | me, at 12:01 | a.m. on the ea | iriier of: (b) | The 900 | ı day an | er me |
| September 5th | . 4 | 2023 | | | | | | |
| Dated | Signature of a 1 | member or autho | rized represe | he Contained | de la companya della companya della companya de la companya della | | <u> </u> | |
| , | orginature or a r | member th water | 11.00 10,115.0 | Justin | nber Ab | | | |